

DEPT.-65

JOB- 28

REEL- 16

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

Authorization No.

386

Department:

Health

Bureau:

Vital Statistics

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Record Identification

1. TITLE Certificate of Live Birth	2. Form No. available	3. Type (cards, paper, etc.) Bound Book
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.
7. Number of copies made		
8. Authorization Requested (check only one (1) of the squares below)		
A. Establish retention period for records which are accumulating daily <input type="checkbox"/>	B. Dispose of present accumulation, no additional accumulation anticipated <input type="checkbox"/>	C. Microfilm and destroy originals <input type="checkbox"/>
		D. Microfilm and retain originals for length of time indicated below <input checked="" type="checkbox"/> X
9. Recommended Retention Period:		
a. In Dept.	b. In Storage Center	c. Total and
70 yrs.	Micro. Perm.	Micro. Perm.
10. Equipment and space freed		11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> X

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate, retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title: Commissioner of Health

3/25/63

Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total and	a. To be sold as <input type="checkbox"/> Scrap or waste paper	b. To be <input checked="" type="checkbox"/> Burned or <input type="checkbox"/> shredded	c. Historical, (to be transferred to Dept. of Legislative Reference) <input type="checkbox"/>
70 yrs.	Microfilm Permanent	70 yrs. and Microfilm Permanent			

REMARKS

2 negative X-rays
+ Positive X-rays

Records Management Officer

Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM
IN
NUMERICAL ORDER

should be other person be in attendance upon the mother immediately before the birth of the child, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 24, 1883

4. Place of Birth, (Street and Number) S. Canal St. No. 280

5. Full Name of Mother, Lily Easter

6. Mother's Maiden Name, Lily Hammon

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Easter

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Mary E. Haller

or other Person who makes this Return

Address, 408 Baltimore St. No. 26

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, and shall then become the
 within the period above required, except in the case of the births and deaths of illegitimate children, and
 who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 4th 1883

4. Place of Birth, (Street and Number)

No. 546 Hanover st.

5. Full Name of Mother,

Catharine Schmidt

6. Mother's Maiden Name,

Neutymann

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Schmidt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Lohr, M.D. midwife

Address,

335 Hanover st.

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

15120

to the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 4 / 83

4. Place of Birth, (Street and Number)

320 N Eden Street

5. Full Name of Mother,

Sophia Renshal

6. Mother's Maiden Name,

Weisenbach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Germany Otto Renshal

9. Father's Occupation,

Salmoner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. Friedman M.D.

Address,

320 N. Eden Street

Remarks,

65821

BALTIMORE CITY.

Remarks.

...of the mother of such child or children."

Hall

White

Gift

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500 -
Ewing

Baltimore

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193

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RETURN OF A BIRTH

10122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

on name of live mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

SEP
10
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 4th 1883.

4. Place of Birth, (Street and Number)

Baltimore Bartlett st. 11.23

5. Full Name of Mother,

Ellie Graves

6. Mother's Maiden Name,

Degrass

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Walter Graves

9. Father's Occupation,

Seaboard

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 58, Parkview

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 4, 1883

4. Place of Birth, (Street and Number)

Carver St No 15

5. Full Name of Mother,

Annie Menzies

6. Mother's Maiden Name,

Annie Croghan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Menzies

9. Father's Occupation,

Labor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Annie Menzies Etteb

Address,

No 15 Carver St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male, or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *Sept. 5th 1883*

Place of Birth, (Street and Number) *107 David Hill Ave.*

Full Name of Mother, *Annie Michael*

Mother's Maiden Name, *Beal*

Mother's Birthplace, *Baltimore, Md.*

Full Name of Father, *William A. Michael*

Father's Occupation, *Milk Business*

Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. David Hill*

Address, *152 E. Monument St.*

Remarks,

Within the period above required, except in the cases of the birth and death of illegitimate children, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sept. 7th*
4. Place of Birth, (Street and Number) *111 S. Caroline St.*
5. Full Name of Mother, *Caroline S. Sledge Leitch & Leitch*
6. Mother's Maiden Name, *Caroline Sledge Leitch*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles Leitch*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Hannah Knowles*
Address, *136 South Caroline Street*
Remarks,

should no other person be in attendance upon the mother, immediately thereafter, if she then become the parent or parent of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 9 1886

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 5 1883
4. Place of Birth, (Street and Number) 115 N. Howard
5. Full Name of Mother, Maggie C Gove
6. Mother's Maiden Name, Bien
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred B Gove
9. Father's Occupation, Shoe manufacturer
10. Father's Birthplace, Lynn, New Haven
Name of Medical Attendant, or other Person who makes this Return Susan Skinner
Address, 21 N. Poppleton St
Remarks,

RETURN OF A BIRTH.

65827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. . .

Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 8

Sex (whether male or female)

Male

Color (if not of the white race)

White

Place of Birth

the 8

Address of Birth (Street and Number)

222 Pratt St

Name of Mother

Henrietta Wolff

Maiden Name

Henrietta Schlegel

Place of Birth

Baltimore

Name of Father

Gusta Wolff

Occupation

Machinist

Place of Birth

Berlin Prussia

Medical Attendant, or other Person who makes this Return.

Mrs. Colburn

No. 671 West Pratt St

Sec. 10. It is the duty of every person who is present at the birth of any child, or who is present at the death of any child, to report the same to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or in case the death of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, it shall then become the duty of the person so present to report the same to the Board of Health. The person so reporting shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 5th 1883

4. Place of Birth, (Street and Number)

10 to 221 S. Drisham st

5. Full Name of Mother,

Maggie L. Spelman

6. Mother's Maiden Name,

Morris

7. Mother's Birthplace,

City

8. Full Name of Father,

Charles Spelman

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Elizabeth B. B. S.

Address,

120 Bank St.

Remarks,

RETURN OF A BIRTH

65829

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 5th 83

4. Place of Birth, (Street and Number)

19 Penna. Ave

5. Full Name of Mother,

Mary Power

6. Mother's Maiden Name,

Mary Prof

7. Mother's Birthplace,

Ind

8. Full Name of Father,

William Power

9. Father's Occupation,

Seagr Dealer

Father's Birthplace,

Ind

Name of Medical Attendant,

or other Person who makes this Return

J. Miller M.D.

Address,

188 Franklin St.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person duly qualified, the parent or parents of such child to cause the birth of such child to be registered, and to sign the certificate, and to pay the fee thereon, within the period above required, except in the case of the death and death of a child, in which case the parent or parents shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 5th 1883*

4. Place of Birth, (Street and Number) *1118 Low St*

5. Full Name of Mother, *Pauline Baumbach*

6. Mother's Maiden Name, *Discher*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Hans Baumbach*

9. Father's Occupation, *Cook*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *D. H. Seldner M.D.*

Address, *1118 Low St*

Remarks,

OCT
6
1883

In case the birth of any child shall occur without the attendance of a duly qualified medical practitioner, the parents or person having charge of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13th of September*

4. Place of Birth, (Street and Number) *327 Greenway St*

5. Full Name of Mother, *Calvinia Wright*

6. Mother's Maiden Name, *Calvinia Taylor*

7. Mother's Birthplace, *St. Louis*

8. Full Name of Father, *William Wright*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *W. J. Green*

Address, *34 Madison*

Remarks, *Very healthy child*

SEP
24
1883

Birth, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65832

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY:

Name of Child William Schaffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth September 5

4. Place of Birth (Street and Number) Baltimore Ridgely St. 114

5. Full Name of Mother Mary Schaffer

6. Mother's Maiden Name Mary Schmidt

7. Mother's Birthplace Baltimore

8. Full Name of Father William Schaffer

9. Father's Occupation Laborer

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Schaffer

Address 114 Ridgely St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

September 5

4. Place of Birth (Street and Number)

Baltimore, Maryland

5. Full Name of Mother

Mary Ann Love

6. Mother's Maiden Name

Mary Ann McMullin

7. Mother's Birthplace

New York

8. Full Name of Father

James Love

9. Father's Occupation

Seaman

10. Father's Birthplace

Virginia

Name of Medical Attendant, or Other Person who makes this Return

Wm. M. Shaffer

Address

109 Redwood

Remarks

RETURN OF A BIRTH 65834

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown skin*
3. Date of Birth, *5th of Sep. 1883*
4. Place of Birth, (Street and Number) *77 King st*
5. Full Name of Mother... *Elizer Lord*
6. Mother's Maiden Name, *Elizer Mason*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Lord*
9. Father's Occupation, *Lumber piler*
10. Father's Birthplace, *Dricksburg Va*
Name of Medical Attendant, or other Person who makes this Return *Lois Somerville*
Address, *12 Clinton ave*
Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offence in connection with the same, shall be liable to a fine of ten dollars.

duty of the parent or person of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offence in connection with the same, shall be liable to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 September

4. Place of Birth, (Street and Number)

78 Caroline street

5. Full Name of Mother,

Emina Jones

6. Mother's Maiden Name,

Sighten first

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank W. Jones

9. Father's Occupation,

Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Cashen

Address,

72 E. Lombard street

Remarks,

should no other person be in attendance upon the mother. Immediately thereafter it shall then become the duty of the parent or parents of such child to return to the Registrar of Births and Deaths of Legitimate Children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars or imprisonment for not more than thirty days, or both, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3rd of September*

4. Place of Birth, (Street and Number) *50 South Patton Street*

5. Full Name of Mother, *Maria Thier*

6. Mother's Maiden Name, *Maria Thier*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Richard Thier*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Annapolis County Md.*

Name of Medical Attendant, or other Person who makes this Return *Wm. J. H. H. H.*

Address, *36 Thacker Ave*

Remarks, *Full healthy child.*



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
13
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c)
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 5*
4. Place of Birth (Street and Number) *3417 McHenry St. Baltimore City*
5. Full Name of Mother *Sarah Ann Macfarlane*
6. Mother's Maiden Name *Sarah Ann Randall*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *James Macfarlane*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Rosa Anderson 369 McHenry St*
- Address
- Remarks

RETURN OF A BIRTH

65838

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 5, 1883

4. Place of Birth, (Street and Number)

544 Exterior Place

5. Full Name of Mother,

Caroline Cohen

6. Mother's Maiden Name,

Caroline Keeling

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Bartholomew Cohen

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

A. B. Friedman

Address,

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15839

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 8th 1883

4. Place of Birth (Street and Number)

247 Penna Ave

5. Full Name of Mother

Mary E

Brinting, Widow

6. Mother's Maiden Name

Johns and

7. Mother's Birthplace

Worcester Co. Mass

8. Full Name of Father

Francis Fletcher Nelson

9. Father's Occupation

Carpenter

10. Father's Birthplace

Know, Mass Worcester Co. Mass

Name of Medical Attendant, or other Person who makes this Return.

Oliver L Price M.D.

Address

262 Mead Ave

Remarks

[illegible]

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- September 5. 1893.

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- Mass. Soc. H. H. H.

- Brick

- 1891

- Submitted 2/16

- Baltimore

- Dr. J. C. Smith

- Henry C. Wilson

- Address, 251 1/2 E. 1st St.

- Remarks, _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65841

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 5th 1883*
4. Place of Birth (Street and Number) *N. 7 Astor Hill Ave.*
5. Full Name of Mother *Mary E. Christlieb*
6. Mother's Maiden Name *Chase*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Joe G. Christlieb*
9. Father's Occupation *purple work*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *S. M. M. M. M.*
- Address *209, Ave. 1st St.*
- Remarks

bora, is or their physical condition, whether still bora or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65842

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Smilett*
3. Date of Birth *Sept. 5th 1883*
4. Place of Birth (Street and Number) *78 St. Mary's St.*
5. Full Name of Mother *Julia W. Mason*
6. Mother's Maiden Name *Harris*
7. Mother's Birthplace *Salbot Co. Ind.*
8. Full Name of Father *John W. Mason*
9. Father's Occupation *Writer*
10. Father's Birthplace *Cornell Co. Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. M. S. Green*
- Address *209 W. Biddle St.*
- Remarks *This child died about 20 minutes after birth.*

RETURN OF A BIRTH. 75 543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Third

SEP

1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 5

4. Place of Birth, (Street and Number)

69 E Pratt St

5. Full Name of Mother,

Mary W. W. W. W.

6. Mother's Maiden Name,

W. W. W.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry W. W. W.

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. W. W. W. W.

Address,

No 28. S. W. W.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race^u or Color,* (if not of the white race)

3. *Date of Birth.* 11

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

certificates between the first and third day of each of every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report in birth to the Board of Health in the manner, and within the performance of which, the parent or persons of such child shall be subject to a fine of ten dollars for each offense, to be recovered as with the provisions of this act shall be subject to other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

28

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

September 27, 1883.

4. Place of Birth, (Street and Number)

Belair Avenue, opp. Wessons' Brewery.

5. Full Name of Mother,

Emma Reagin.

6. Mother's Maiden Name,

Emma Wagner.

7. Mother's Birthplace,

Day Springs, Baltimore County.

8. Full Name of Father,

Charles Frank Reagin.

9. Father's Occupation,

Stone Cutter & Driller.

10. Father's Birthplace,

Pennycroft, Adams City.

Name of Medical Attendant, (or other Person who makes this Return).

Russell Masters, M.D.

Address,

Belair Avenue.

Remarks,

RETURN OF A BIRTH

65847

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



State, in the body of this return, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 September 1883

4. Place of Birth, (Street and Number) No 625 1/2 Light St

5. Full Name of Mother, Bridget M. Sullivan

6. Mother's Maiden Name, Bridget M. Gall

7. Mother's Birthplace, Ireland

8. Full Name of Father, John C. Sullivan

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Lavinia Brinsford

Address, No 128 West St

Remarks, 5 children the Child died three weeks ago Lived 1 hour

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1.
2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 5-11

4. Place of Birth, (Street and Number)

139 South Dallas St

5. Full Name of Mother,

Mary Sanders

6. Mother's Maiden Name,

Mary Watkins

7. Mother's Birthplace,

Baltimore MD

8. Full Name of Father,

William Sanders

9. Father's Occupation,

Laboring man

10. Father's Birthplace,

Baltimore MD

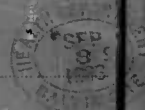
Name of Medical Attendant, or other Person who makes this Return

16 Lewis Walker Lewis Watkins

Address,

89 Spring St

Remarks,



RETURN OF A BIRTH

158249

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Name, Emma Sophia Louise Jaeger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

5 September

4. Place of Birth, (Street and Number)

Carleton St. 3.

5. Full Name of Mother,

Elise Jaeger

6. Mother's Maiden Name,

Elise Pietz

7. Mother's Birthplace,

Köpenick - Berlin Germany

8. Full Name of Father,

Philipp Jaeger

9. Father's Occupation,

Engineer

Father's Birthplace,

Lehrdorf - Berlin Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. Reinhard

Address,

224 W. Fayette Street

Remarks,



any person who shall neglect to register the birth of any child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
 Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *September 5 1883*
 4. Place of Birth, (Street and Number) *Baltimore, B 53 parish st*
 5. Full Name of Mother, *Margaret E. Bailey*
 6. Mother's Maiden Name, *Margaret E. Davis*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Charles Davis*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return, *Chas. W. Warr*
 Address, *258 Kaborge st*
 Remarks, *none*

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

September the 5th

4. Place of Birth, (Street and Number)

3301 N. St Baltimore Md

5. Full Name of Mother,

Mahinder Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Johnson

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Smithers

Address,

Orchard St No 1001

Remarks,

RETURN OF A BIRTH

65853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 6*
4. Place of Birth, (Street and Number) *No 10 Boundary Ave*
5. Full Name of Mother, *Mary A Gallagher*
6. Mother's Maiden Name, *Mary A Kelly*
7. Mother's Birthplace, *Texas & Balto Co.*
8. Full Name of Father, *Patrick J. Gallagher*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Balto Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs W. W. Weller*
- Address,
- Remarks,

RETURN OF A BIRTH 15854

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Apr 5. 1898*

4. Place of Birth, (Street and Number) *607 W Bayeth*

5. Full Name of Mother, *Carrie Ruenheims*

6. Mother's Maiden Name, *Guggenheims*

7. Mother's Birthplace, *United States*

8. Full Name of Father, *Heinrich Ruenheim*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *A. Friedewald M.D.*

Address, *85 N. E. 1st St.*

Remarks, *Artificial premature labor at 7 1/2 months, the mother suffering with morbid convulsions. Mother doing well. Child alive.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 5

4. Place of Birth, (Street and Number) 1011 N. 2nd St. Baltimore

5. Full Name of Mother, Mrs. James G. Gough

6. Mother's Maiden Name, Gough

7. Mother's Birthplace, Germany

8. Full Name of Father, William Gough

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mr. Gough

Address, No. 55 N. 2nd St. Baltimore

Remarks,

should no other person be in of children upon the mother, immediately after birth, and from whom the child is taken, and the duty of the parent or person or such child to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, within the period above specified, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

15856

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *First*

1. Sex, (state whether male or female) • *Female*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *September 5th 1893*

4. Place of Birth, (Street and Number) • *9 Hamilton St*

5. Full Name of Mother, *Hattie Squalls*

6. Mother's Maiden Name.

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *George Squalls*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Annie Johnson*

Address, *6 Hamilton St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 5 1883

4. Place of Birth, (Street and Number)

1255 Bank St

5. Full Name of Mother,

Annie Weston

6. Mother's Maiden Name,

Ann Day

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Harrison

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm E. Jones

Address,

193 Clarke

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

6
2 females

White

Sep 5, 1883

628 Charles St Bal

Mary Skifter

Bessy Hackett

Pikesville Baltimore County

John A. Skifter

Railroad Conductor

Baltimore

Mrs D. Thelley

792 Pratt St Bal

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

3rd September 1883

4. Place of Birth, (Street and Number)

No 344 William St.

5. Full Name of Mother

Lena Freiberger

6. Mother's Maiden Name

Lena Lampe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Lampe

9. Father's Occupation

Grocery

10. Father's Birthplace

Germany

Name of Medical Attendant

or other Person who makes this Return
Catherine Morning

Address

No 18 Byrd St.

Remarks

Should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth, in the Board of Health, in the manner, and within the period herein required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

15860



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the sex, race, color, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 5 1883 11 P.M.

4. Place of Birth (Street and Number)

393 Franklin St.

5. Full Name of Mother

Alice M. Keen

6. Mother's Maiden Name

Alice Brown

7. Mother's Birthplace

Union Bridge, Carroll Co. Md.

8. Full Name of Father

William M. Keen

9. Father's Occupation

Car painter & decorator N. C. R. R.

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, (whether Person who makes this Return)

A. H. Smith, M.D.

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

65861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 5 - 1883

4. Place of Birth (Street and Number)

118 Linn Ave St W

5. Full Name of Mother

Corinne Sinclair

6. Mother's Maiden Name

Swann

7. Mother's Birthplace

Worcester Ma

8. Full Name of Father

Wm. Wright Sinclair

9. Father's Occupation

Book - Keeper

10. Father's Birthplace

Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. H. M. M. M. M.

Address

128 Madison St W

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

15862
SEP 7 1883

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *3 of Sep. 1883*
4. Place of Birth, (Street and Number) *981 Wilkeson St.*
5. Full Name of Mother, *Elizabeth Reich*
6. Mother's Maiden Name, *Reich*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Michael Reich*
9. Father's Occupation, *Shoe-maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes the Return *W. Pratt*
- Address *111 N. 1st St.*
- Remarks

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. *Sex* of Child, of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 6th

4. Place of Birth, (Street and Number)

191 to William St

5. Full Name of Mother,

Ella Bristol

6. Mother's Maiden Name,

Harvey

7. Mother's Birthplace,

City

8. Full Name of Father,

David Bristol

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Chesapeake City

Name of Medical Attendant, or other Person who makes this Return

Dr. Buich, M.D.

Address,

15 E. Sanson St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Or other Person who
makes this Return

Address,

Remarks,

1st
Male
White
Sept 6th
37 Bridge
Celestine Dankmoir
Phle
Catonville
Chas. Dankmoir
Baker
Baltimore

C. L. Buddenbohn M.D.
146 S. Paca St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 6. 1883*
4. Place of Birth, (Street and Number) *Lexington*
5. Full Name of Mother, *Judith Leitch*
6. Mother's Maiden Name, *" Grimsfelder*
7. Mother's Birthplace, *Balti.*
8. Full Name of Father, *Ephraim M. Cohen.*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balti.*
- Name of Medical Attendant, or other Person who makes this Return *Thomas O'Neil M.D.*
- Address *179 N. Howard St.*
- Remarks.

should be in attendance upon the mother immediately thereafter. It shall then become the duty of the physician or other person attending the mother to file this certificate within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines not paid are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Sept 1880*

4. Place of Birth, (Street and Number) *Wilmington St*

5. Full Name of Mother, *Mother Brown*

6. Mother's Maiden Name, *Maria Lloyd*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Frederick Brown*

9. Father's Occupation, *Doctor in store*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Mary C. Jones*
or other Person who makes this Return

Address, *No 7 W. Coast St*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (State whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

September 6th 1883

4. Place of Birth, (Street and Number).

226 Hendricks Street (antw)

5. Full Name of Mother.

Maggie Henoughly

6. Mother's Maiden Name.

Maggie Crony

7. Mother's Birthplace.

New York

8. Full Name of Father.

John F. Henoughly

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Sullivan

Address.

104 Courley Street

Remarks.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of stillbirths, which shall be reported to the Board of Health, in the manner, and within the period above required, with the provisions of this act, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 6 1883*

4. Place of Birth, (Street and Number) *136 N. Spring St.*

5. Full Name of Mother, *Annie Oster*

6. Mother's Maiden Name, *Annie Biedlerangisner*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Theo Oster*

9. Father's Occupation, *Upholster*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *or other Person who makes this Return* *W. H. But*

Address, *145 Central Ave Monument St*

Remarks, *All Well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sep. 6th, 1883*

4. Place of Birth, (Street and Number) *153 Stirling St.*

5. Full Name of Mother, *Mary Siebert*

6. Mother's Maiden Name, *Amgrang*

7. Mother's Birthplace, *Sweden*

8. Full Name of Father, *Charlie Siebert*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *H. A. B. M.*

Address, *No 185 S. E. cor Centre st. Monument St.*

Remarks, *See Will*

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person attending such child to report the birth of the child to the Registrar of Births, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 6th 1893

4. Place of Birth, (Street and Number)

29th S. Avenue St.

5. Full Name of Mother,

Mary Elizabeth Smith

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas J. Johnson

9. Father's Occupation,

Telegraph Operator

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. W. S. Seldner M.D.

Address,

29th S. Avenue

Remarks,

RETURN OF A BIRTH.

65871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 6, 1882

4. Place of Birth (Street and Number)

Henrietta St near Light St

5. Full Name of Mother

Maria Stewart

6. Mother's Maiden Name

Maria Hoopes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jos. W. Stewart

9. Father's Occupation

Bookbinder

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

T. Daugherty M.D. 15 Fairmount Ave.

Remarks

RETURN OF A BIRTH

65872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Sep 6 1883

4. Place of Birth, (Street and Number) 9 Hamilton St

5. Full Name of Mother, Harriet Guerin

6. Mother's Maiden Name, Married to Carter

7. Mother's Birthplace, Episk Co Va

8. Full Name of Father, George Quarles

9. Father's Occupation, Waiter

10. Father's Birthplace, Episk Co Va

Name of Medical Attendant, or other Person who makes this Return

A. A. Anderson M.D.

Address, 117 N. Charles St

Remarks,

RETURN OF A BIRTH,

65173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept 6th 1883

4. Place of Birth, (Street and Number)

94 Aspinwall St

5. Full Name of Mother

Isabella J. Thurnell

6. Mother's Maiden Name

Jordan

7. Mother's Birthplace

Balt.

8. Full Name of Father

John M. Thurnell

9. Father's Occupation

Clerk

Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Adrian P. McLean

Address

54 Aspinwall St

Remarks

name of the mother of each child or children.

527. 25 of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

65874

SEP
10
1883



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether Male or Female) *M*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Sept 6 1880*
4. Place of Birth (Street and Number) *Dunbar St No 3*
5. Full Name of Mother *Mary Edeline*
6. Mother's Maiden Name *Thompson*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Alex W Edelin*
9. Father's Occupation *Miscellaneous*
10. Father's Birthplace *Maryland*
Name of Medical Attendant, or other Person who makes this Report *Richard H. Sherry M.D.*
Address *127 Howard St.*
Remarks

It shall then become the duty of the parent or person who shall have caused the birth of any child to occur, immediately thereafter, to report the same to the Board of Health, in a return in the form of this certificate, and to file the same in the office of the Registrar of Vital Statistics, and to pay the fee of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 6/83

4. Place of Birth, (Street and Number)

1210 E. Green St

5. Full Name of Mother,

Theresa Baierbauer

6. Mother's Maiden Name,

Kieck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Baierbauer

9. Father's Occupation,

Carver

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Ans. Louis Kieck

Address,

206 Cassin Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 6, 1883

4. Place of Birth, (Street and Number)

Baltimore 484 1/2 St. Charles St.

5. Full Name of Mother

Mary E. Baker

6. Mother's Maiden Name

Mary E. King

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father

William Baker

9. Father's Occupation

Crocker Shaker

10. Father's Birthplace

Philadelphia Pa

Name of Medical Attendant,

or other Person who makes this Return

Charlotte Marsi

Address,

258 Riving St

Remarks,

none

should no other person be in of instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period herein provided, and in the cases of the births and deaths of illegitimate children, and of children born of women who have been convicted of the crime of fornication, the parent or parents of such child shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept. 6th. 1883

4. Place of Birth, (Street and Number)

No. 4 Harperbach court

5. Full Name of Mother

Margaret Zinthofer

6. Mother's Maiden Name

Bauer

7. Mother's Birthplace

America

8. Full Name of Father

Theodor Zinthofer

9. Father's Occupation

Barber

10. Father's Birthplace

America

Name of Medical Attendant

or other Person who makes this Return

A. Schaeffer midwife

Address

330 Hanover st.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 6th 1883

4. Place of Birth, (Street and Number)

375 Parish St.

5. Full Name of Mother,

Elizabeth Ann Day

6. Mother's Maiden Name,

Williams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Day

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Long Beach, Cal.

Name of Medical Attendant, or other Person who makes this Return

W. H. Smith

Address,

431 Kenos Ave.

Remarks,

shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered by the City of Baltimore. The mother, or parent, or person, or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered by the City of Baltimore.

RETURN OF A BIRTH

5879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child.
 1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, September 6th 1883.
 4. Place of Birth, (Street and Number) No 60 Pacific St Baltimore Md.
 5. Full Name of Mother Mary Spang.
 6. Mother's Maiden Name Mary Hinkel.
 7. Mother's Birthplace Baltimore Md.
 8. Full Name of Father Charles Spang.
 9. Father's Occupation Blacksmith.
 10. Father's Birthplace Germany.
 Name of Medical Attendant, or other Person who makes this Return Mrs. Mapel.
 Address.
 Remarks, Mother and babe doing well.
 child.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH, 1880

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)

her male or female

er, (if not of the white race)

th, (Street and Number)

of Mother

den Name

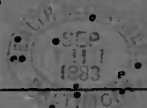
th place

of Father

mpation

th place

dist Attendant, or other Person who makes this Return.



RETURN OF A BIRTH 1881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1st 6 1881 Male Child

2. Race or Color, (if not of the white race)

as in father's

3. Date of Birth,

dayly 1st pitch on boat M. 1st and

4. Place of Birth, (Street and Number)

born Susan Mary Lanty

5. Full Name of Mother,

Charles Ritharson Galt Morkant

6. Mother's Maiden Name,

Abraham Drayton Port Marriol

7. Mother's Birthplace,

boat Lucy born in N 15 Jorden

8. Full Name of Father,

day

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should on other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 1st 1883

4. Place of Birth, (Street and Number)

407 68th W. Baltimore

5. Full Name of Mother,

Mary Hobbs

6. Mother's Maiden Name,

Mary Robin

7. Mother's Birthplace,

Richmond

8. Full Name of Father,

Harlan Robin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

born sick 439 W. Baltimore St.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

15881



born, its or their physical condition, whether still born or not, the full name, and the maiden name of the mother of such child or children of the parents, and the

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept. 7th 1883

4. Place of Birth (Street and Number)

503 Saratoga St.

5. Full Name of Mother

Lebina Rohner

6. Mother's Maiden Name

Lebina Osbourn

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Louis P. Rohner

9. Father's Occupation

Sigar maker

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return

J. J. Jordan

Address

323 Saratoga St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 7, 83

4. Place of Birth, (Street and Number) 10 1/2 St

5. Full Name of Mother, Mother Lewis Baldwin

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edwin P. Baldwin

9. Father's Occupation, Editor

10. Father's Birthplace, Maryland

Name of Medical Attendant, Dr. P. Williams

or other Person who makes this Return

Address, 201 Madison Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 7th 1883*

4. Place of Birth, (Street and Number) *N 123 W Lane St*

5. Full Name of Mother, *Lemmie Mottin Shaw*

6. Mother's Maiden Name, *Lemmie Mottin Stewart*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William C. Shaw*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return

J. J. Prasad M.D.

Address, *N 114 Park Ave.*

Remarks.

RETURN OF A BIRTH 65887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Female

White

Sept. 7. 1883

295 Division St.

Mary Ann Rice

" " Hughes

Baltimore

Martin F. Rice

Cigar Maker

Penns. Maria

Marshall Brewer M.D.

88 N. Enoch Street

RETURN OF A BIRTH 1888

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second Child*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 7

4. Place of Birth, (Street and Number)

113 Leadenhall st.

5. Full Name of Mother.

Mary Elizabeth Seeb

6. Mother's Maiden Name.

Mary Elizabeth Storpell

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father.

Christian Seeb

9. Father's Occupation,

Labor

10. Father's Birthplace.

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. M. M. M.

Address,

1 Leadenhall st.

Remarks,

should any other person be in at, and when the mother, husband or there after, it shall then become the duty of the person so notified to appear before the Registrar, and if he fails to do so, he shall be liable to a fine of ten dollars, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 7 - 1883

4. Place of Birth, (Street and Number)

No. 74 West St.

5. Full Name of Mother,

Arthur Griffith

6. Mother's Maiden Name,

Thurs

7. Mother's Birthplace,

America

8. Full Name of Father,

William Griffith

9. Father's Occupation,

Labourer

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schaeffer, M.D.

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

of the parents, and the maiden name of the mother of such child of marriage.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7.4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 7th 1883

4. Place of Birth, (Street and Number)

217 Kiefer street Baltimore Md.

5. Full Name of Mother,

Sarah E. Lohman

6. Mother's Maiden Name,

Sarah E. Dehngilms

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Lohman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return.

Henrietta Glasgow

Address,

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

5891
SEP
13
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sept 7 1893

22 Calverton Road

L. Kaufman

Ida Singer

Richmond Va

Charles J. Kaufman

Butcher

Baltimore Md

C. C. McNeill M.D.

642 W. Fayette St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Born Sept 7th*

4. Place of Birth, (Street and Number) *22 E. near S. St.*

5. Full Name of Mother, *Katie Stewart*

6. Mother's Maiden Name, *Katie Fitzpatrick*

7. Mother's Birthplace, *Liverpool, England*

8. Full Name of Father, *William Stewart*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Manchester Canal Co. Md.*

Name of Medical Attendant, *Dr. W. W. W. W.*

Address, *120 Greenmount St.*

Remarks,

SEP
13
1892

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 7th 1883

4. Place of Birth (Street and Number) 562 W. Myrtle St.

5. Full Name of Mother Sadie Fox

6. Mother's Maiden Name Spangler

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Fox

9. Father's Occupation Provision Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

R. H. Goldsmith
Harlem av. & Calhoun St.

RETURN OF A BIRTH

65894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *September 7th*

4. Place of Birth, (Street and Number) *Levell town*

5. Full Name of Mother, *Maggie White*

6. Mother's Maiden Name, *Taylor*

7. Mother's Birthplace, *Richmond Virginia*

8. Full Name of Father, *Ismael White*

9. Father's Occupation, *porter in car*

10. Father's Birthplace, *Richmond Virginia*

Name of Medical Attendant, or other Person who makes this Return *Annie Johnson*

Address, *94 Johnson Street*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 4, 1883

4. Place of Birth, (Street and Number)

Towson St No. 8

5. Full Name of Mother,

Carlina Eisert

6. Mother's Maiden Name,

Carlina Rutland

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Harman Eisert

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Maggie Etzel

Address,

No 13 E. 1st St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd
Male
9th September 1893

165 Madison

Mary E. Adams

Mitchell

Balt.

Sidney Adams

Levick

Balt.

J. W. Webster

57 Fremont

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 65897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *September 7*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 7*
 4. Place of Birth, (Street and Number) *113 South Sharp St Baltimore*
 5. Full Name of Mother, *Sarah E. Jackson*
 6. Mother's Maiden Name, *Sarah E. Jackson*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George W. Jackson*
 9. Father's Occupation, *Box Maker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Shmidt Melchiorine*
 Address, *276 South Sharp St*
 Remarks,

[illegible]

1795



Mahe

September 7.

1105. *institum* *liv*

Ann. Libr. Ind.

... *Handwritten signature* ...

Hill

Post Office

11/11/11

1900-1901

[Faint handwritten signature]

... 1745 ...

St. Louis, Mo., 1892.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Registrar of Births and Deaths of the City of Baltimore, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7th of September 1883*

4. Place of Birth, (Street and Number) *115 North Washington St*

5. Full Name of Mother, *Frank Higgins*

6. Mother's Maiden Name, *Frank Higgins*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Virginia Schuster*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Germany*

Name of Medical Attending, or other Person who makes this return *Christina Schuster*

Address, *11 North Chapel St. Baltimore, Md.*

Remarks, *Healthy*



11/19/00

SEP
8
• 1983 •

[illegible]

- CITY PRINTER AND STATIONER

RETURN OF A BIRTH

65701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 7th

4. Place of Birth, (Street and Number)

St. Vincent's Infants Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Ann Kelly
Mc

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Surgeon of City

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 7 1893

4. Place of Birth, (Street and Number)

214 N. Madison St

5. Full Name of Mother,

Julia Werner

6. Mother's Maiden Name,

Julia Rount

7. Mother's Birthplace,

U. S.

8. Full Name of Father,

Henry Werner

9. Father's Occupation,

Book Keeper

Father's Birthplace,

Austria

Name of Medical Attendant,

or other Person who makes this Return

A. Medicus M.D.

Address,

88 N. Calver St

Remarks,

of the parents, and the maiden name of the mother of each child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a distance from the mother, immediately thereafter, it shall then become the duty of such person to report the birth to the Board of Health, in the manner, and within the period above prescribed, and if he or she fails to do so, he or she shall hereafter fall to comply with the provisions of this act, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 15113

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 28 1883

4. Place of Birth, (Street and Number) 423 E. Lombard St.

5. Full Name of Mother, Mrs. Charles Lange

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lange

9. Father's Occupation, Coal Miner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. G. Drake

Address, 1200 N. Howard St.

Remarks,

65904

th, *1900*

2d. 2nd)  4th.

4th.

- Female.

When

Leip. 7. ch.

22 Pa. E. S.

Amalia Hoffman

" • • • Asbestacin.

Bill-

Bernard Hoffman

Druggist.

Bull.

D. Morgan

119 W. Main Street, R.

Address.

Remarks.

RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

to fill up to be used by the Registrar of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th September

4. Place of Birth, (Street and Number)

9th Maryland

5. Full Name of Mother,

Mary Grace

6. Mother's Maiden Name,

McLean

7. Mother's Birthplace,

Long Island City, N.Y.

8. Full Name of Father,

John Grace

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Boston, Mass.

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Davis

Address,

175 Maryland

Remarks,

Baltimore, Md. 1890

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65907

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

September 7, 1883

4. Place of Birth (Street and Number)

197 Forest Street

5. Full Name of Mother

Diaggie A. Russek

6. Mother's Maiden Name

Manning

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph H. Russek

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. H. Thomas, M.D.

Address

66 E. Baltimore St.

Remarks

RETURN OF A BIRTH 65909

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 8th. 1883

4. Place of Birth, (Street and Number) 395 N. Avenue

5. Full Name of Mother, Ella Smith

6. Mother's Maiden Name, Elliott

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Thos. E. Smith

9. Father's Occupation, Sales Man

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return W. B. Billingsley

Address, 286 E. Pratt St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
2
1893

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

7th
Female
White
Sept. 8th 1888
412 1/2 Transit St.
Elizabeth Still
D. Still
Baltimore Md.
B. L. Still
Barber
Baltimore
Dr. M. W. Still
182 E. ... St.

65911.
Timone City

Baltimore City.

Male.

White

Eight of September

05 peach glass

Mary Ellen Cornell

Happy Miller

Island

Timothy C. Connell

Labour

Island

Freij Muiuj

Laurel R.

.....

PRINTED BY THE UNIVERSITY OF CHICAGO PRESS

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and at the time prescribed by the laws of this State, and any person who shall fail to comply with the provisions of this law shall be subject to a fine of ten dollars or to imprisonment for not more than thirty days, or both, at the discretion of the court, which shall be subject to recovery.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

SEP
26
1890

1890

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *8 September*

4. Place of Birth, (Street and Number) *S. 1st St. No. 26*

5. Full Name of Mother, *Eda Stmann, Stmann*

6. Mother's Maiden Name, *Eda Stmann*

7. Mother's Birthplace, *Bavaria, Germany*

8. Full Name of Father, *Emil Stmann*

9. Father's Occupation, *Staple Merchant*

10. Father's Birthplace, *Bavaria, Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. H. H. H.*

Address, *57 E. Lombard St.*

Remarks, *notes*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT
8
1883

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, to be designated by the Board of Health, and the person so designated shall be entitled to a fee of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 8 September
4. Place of Birth, (Street and Number) 116 Henrietta Street
5. Full Name of Mother, Sophie Caroline Eleonore Pirsch
6. Mother's Maiden Name, Caroline Adam
7. Mother's Birthplace, Deutschland
8. Full Name of Father, Johann Heinrich August Pirsch
9. Father's Occupation, Schneider
10. Father's Birthplace, Deutschland
- Name of Medical Attendant, or other Person who makes this Return Dr. J. W. King
- Address, 1. S. Main Street
- Remarks, _____

8-3-54
 RETURN OF A BIRTH.

15915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Lillian Virginia Hinton*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 8th 83

4. Place of Birth (Street and Number)

539 1/2 N Gay St

5. Full Name of Mother

Clara M. Hinton

6. Mother's Maiden Name

Clara M. Bissorway

7. Mother's Birthplace

Balto city

8. Full Name of Father

Geo J. Hinton

9. Father's Occupation

Salvman

10. Father's Birthplace

Balto city

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Groome
466 North Gay St

Address

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SEP
13
1883

1st

male

white

9/8/83

161 W. Lombard

Kate Ruthven

do
Balto. Md

Wm. Rutledge

161 W. Lombard

Legitimate

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, provided by law. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept 8th 1883*
4. Place of Birth, (Street and Number) *128 West St*
5. Full Name of Mother, *Louise Tomlin*
6. Mother's Maiden Name, *Anders*
7. Mother's Birthplace, *America*
8. Full Name of Father, *William Tomlin*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *J. Schwasser midwife*
- Address, *330 Hanover St.*
- Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
 abscond in other person be in at variance upon the mother, immediately thereafter, it shall then become the
 duty of the parent or person so charged to report its birth to the Board of Health, in the manner, and
 within the time, prescribed by the provisions of the Act in that behalf made, and if any person or persons
 shall hereafter fail to comply with the provisions of the Act in that behalf made, each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child* SEP 13 1883
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) _____
 Date of Birth, *Sept 8th 1883.*
 Place of Birth, (Street and Number) *No 299 William st*
 Full Name of Mother, *Minna Broescky*
 Mother's Maiden Name, *Klug*
 Mother's Birthplace, *Germany*
 Full Name of Father, *Carl Broescky*
 Father's Occupation, *Cigar-maker*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *J. Schwaesser midwife*
 Address, *330 Hanover st.*
 Remarks, _____

RETURN OF A BIRTH

65919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *Sept 8 / 1883*

4. Place of Birth, (Street and Number) *107 Bethel St*

5. Full Name of Mother, *Matha Spence*

6. Mother's Maiden Name, *Matha Lee*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Benjamin Spence*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Lucinda Wolford*
or other Person who makes this Return

Address, *130 Register*

Remarks,

of the parents, and the maiden name of the mother of each child or children.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH, 1892

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

- No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) *Fifth*
1. Sex (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *September 8th 1883*
4. Place of Birth, (Street and Number) *351 E. Pratt St.*
5. Full Name of Mother *Ida Eliza Brown*
6. Mother's Maiden Name *Ida E. Turner*
7. Mother's Birthplace *East Greenwich, Rhode Island*
8. Full Name of Father *Levin Stanbury Brown*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Patapsco, Tech, Baltimore County, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas P. Nicholls, Jr.*
- Address *207 S Broadway*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore. City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child
Male

SEP
13
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 September 1883

4. Place of Birth, (Street and Number)

Washington St.

5. Full Name of Mother,

Laurenca Evertte

6. Mother's Maiden Name,

Joyce

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Evertte

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, who shall then become the duty of the parent or parents of such child to report its birth to the Board of Health of the City of Baltimore, within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

birth of any child shall occur without the attendance of a physician or of a qualified midwife, the parent or parents shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court. It shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 2th 1883*
4. Place of Birth, (Street and Number) *136 S. Caroline St Baltimore*
5. Full Name of Mother, *Barbara Stehli*
6. Mother's Maiden Name, *Telens*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Stehli*
9. Father's Occupation, *Luminaire Tinsmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Hannah Broske*
- Address, *136 S Caroline St*
- Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

21h
Male

Sept. 19

206 Port Ave.

Sarah Louisa Hemmick

Walters

Baltimore

Jacob Hemmick

Laborer

Baltimore

Edgar A. Hemmick

206 Port Ave.

condition. whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

SEP 18 1893

4 The

Male

White

Sept.

114 Port Ellen

Mary Elizabeth Brown

Harper

Alexandria Va

William Henry Brown

Laborman

Baltimore

Elizabeth Jewell

27 Port Ellen

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept. 8 1883

4. Place of Birth, (Street and Number)

146

5. Full Name of Mother

Annie E. McMillan

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Martinsburg, W. Va.

8. Full Name of Father

Daniel A. McMillan

9. Father's Occupation

Clerk

10. Father's Birthplace

Shiloh, W. Va.

Name of Medical Attendant, or other Person who makes this Return.

Edgar P. Woodward

Address

24 Vermont St.

Remarks

Birth of any child shall occur without the attendance of a physician, or of a person duly qualified as a midwife, or should not occur, the person so neglecting to secure the attendance of such person, or persons, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. In the manner, and within the period above specified, the birth and death of all legitimate children, and of illegitimate children, shall be reported to the Registrar of Births and Deaths, and the Registrar shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court, for neglecting to do so.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 2, 1883

4. Place of Birth, (Street and Number)

291 McAdams St

5. Full Name of Mother,

Mary Miller

6. Mother's Maiden Name,

Exhaust

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. J. Connelley

Address,

Mary A. Miller

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to cause the birth of such child to be duly registered in the proper manner, and within the period above specified, every person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. ⁶⁵⁷²⁷

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th of September 1882*

4. Place of Birth, (Street and Number) *44 East Hamstead Street*

5. Full Name of Mother, *Gusta Hansen*

6. Mother's Maiden Name, *Gusta Kosch*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charlie Kosch*

9. Father's Occupation, *Sea Captain*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *77 North Chapel St. for Christina Kunkel*

Remarks, *Healthy*

RETURN OF A BIRTH 1891

To the Office of Registrar of Vital Statistics, Board of Health,

Name: *Lee Stewart Charlton* BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8 September*

4. Place of Birth, (Street and Number) *167 Central Avenue*

5. Full Name of Mother, *Emma E. Charlton*

6. Mother's Maiden Name, *Emma (Stewart) Stewart*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas E. Charlton*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who makes this Return

Address, *113 N. Maryland Avenue*

Remarks, *Baltimore City 1891*
1883

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of September
4. Place of Birth, (Street and Number) 277 East Baltimore
5. Full Name of Mother, Mary Meyer
6. Mother's Maiden Name, M. L. Meyer
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, Henry Meyer
9. Father's Occupation, Laborer
Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Miss M. L. Meyer
Address, 113 St. James
Remarks, Baltimore, Md.
1888

RETURN OF A BIRTH

65731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

OCT 1 1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th Sept

4. Place of Birth, (Street and Number) 54 Bond St

5. Full Name of Mother, Maria Jacobson

6. Mother's Maiden Name, Claus

7. Mother's Birthplace, Charles of Mass

8. Full Name of Father, Samuel Jacobson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Charles of Mass

Name of Medical Attendant, Dr. J. W. Brown

Address, 2630 York St

Remarks,

RETURN OF A BIRTH 65931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 9 - 1883

4. Place of Birth, (Street and Number)

63 Gough St.

5. Full Name of Mother,

Louise H. Vogt

6. Mother's Maiden Name,

Kleinmann

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry Vogt

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Stein

Address,

167 E. Pratt

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 9 - 1903

4. Place of Birth, (Street and Number)

176 S. Bond St

5. Full Name of Mother,

Mary Kelling

6. Mother's Maiden Name,

Chaplain

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Kelling

9. Father's Occupation,

Business

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Stein

Address,

151 E. Pratt St

Remarks,

between the first and third day of each and every month, to the Board of Health. In case the physician, or of a practitioner of midwifery, or of a person who has attended the birth of a child, shall neglect to comply with the provisions of this section, he shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9th of September

4. Place of Birth, (Street and Number)

No. 11 Eddy Lane

5. Full Name of Mother,

Mary Murphy

6. Mother's Maiden Name,

Mary Doyle

7. Mother's Birthplace,

Castletown Ireland

8. Full Name of Father,

John Murphy

9. Father's Occupation,

Boat Maker

10. Father's Birthplace,

Castletown Ireland

Name of Medical Attendant, or other Person who makes this Return

Anne Linnard

Address,

No. 45 - S. Vermont

Remarks,

65934

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

W. A. R.

2. Race or Color, (if not of the white race)

white

- 3.
- Date of Birth.*

Sept 7th 1888

4. *Place of Birth, (Street and Number)*

121 N of road st

5. *Full Name of Mother.*

Cliza Bond

- 6.
- Mother's Maiden Name.*

Elise

7. *Mother's Birthplace,*

Philadelphia

8. *Full Name of Father.*

Theodore Parist

9. *Father's: Occupation.*

Ersk

- Father's Birthplace.**

Lesson any

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. G. Wier Engel

Address.

348 Penna 124

Remarks.

of the parents, and the maiden name of the mother of such child or children."

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3rd

3rd

Male

White

Sept 21 1883

257 Light - 100

Adelia D Webb Brown

Adeline Webb

Cincinnati

Levi Brown

Muscleman

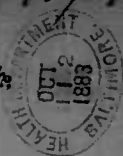
Baltimore

Wm. B. Hammond, Secy

the name, giving distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

September 9 1883

4. Place of Birth (Street and Number)

born at number 150 Vine street

5. Full Name of Mother

Mary Elizabeth Robinson

6. Mother's Maiden Name

Mary Elizabeth Weeks

7. Mother's Birthplace

Baltimore Maryland

8. Full Name of Father

James Thomas Robinson

9. Father's Occupation

carpenter

10. Father's Birthplace

North Virginia

Name of Medical Attendant, or other Person who makes this Return.

James Baker M.D.

Address

1166 Lister alley

Remarks

[illegible]

65937

— Fresh
Male

HEALTH DEPARTMENT
SEP 29 1983
BALTIMORE, MD.

SEP 29 1983

Sept 9 / 83

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Emmal J. Stoll

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Chas. J. Staley

Clark

City

108. *Spaenoh*

108. A. Kach

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RETURN OF A BIRTH

65938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
13
1882

State, its of the, by, at con- tion, whether still- born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 9th September
 4. Place of Birth, (Street and Number) 30 No. E. Maryland St.
 5. Full Name of Mother, Minnie Walter
 6. Mother's Maiden Name, Marnie Becker
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William Walter
 9. Father's Occupation, Driver
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Mary Walter
 Address, 125 No. Caroline St.
 Remarks,

certificates, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the mother, or any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report in person to the Board of Health, in the manner, and at the time, and within the period, hereinafter required, and to sign and file a certificate of the birth of the child, and to pay to the Board of Health, for each and every child so reported, a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 September

4. Place of Birth, (Street and Number)

85 High Street

5. Full Name of Mother,

Mary Whalen

6. Mother's Maiden Name,

B. Daniel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Whalen

9. Father's Occupation,

Sea-man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Samuel Casper

Address,

72 E. Lombard Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 9th 1883*

4. Place of Birth, (Street and Number) *170 Register St.*

5. Full Name of Mother *Minnie Philipps*

6. Mother's Maiden Name *Minnie Hanna*

7. Mother's Birthplace, *America*

8. Full Name of Father *John Philipps*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace *America*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 137 D Wolfe St.*

Remarks, *Mrs. Mary Amend.*



born, its or their physical condition, whether still-born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

[illegible]

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12911
Image File

2 June 1977

- SEP 14 1885

Kerry E. Muller

100-443886-100

place of its birth, and the said schedule shall be delivered, duly signed by the midwife, in the form of a certificate, to the Registrar of Vital Statistics, on or before the first and third day of each and every month, to the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, as it may be required, upon the return, immediately thereafter, it shall then become the duty of the Registrar of Health, to cause the same to be filed in the office of the Registrar of Health, and within the period and in the manner required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex, (state whether male or female)

It is a boy

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

9th September

4. Place of Birth, (Street and Number)

Frederick road. 197

5. Full Name of Mother,

Mrs. Emma Cottman Kline

6. Mother's Maiden Name,

Miss Emma Coleman

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

Mr. Kline

9. Father's Occupation,

Work in regim. brewery

10. Father's Birthplace,

Born in Kline

Name of Medical Attendant,

or other person who makes this Return

Mr. Miller

Address,

1017 North St

Remarks,

RETURN OF A BIRTH

60743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 9th

4. Place of Birth, (Street and Number)

614 Charles St.

5. Full Name of Mother,

Mary Scheckel

6. Mother's Maiden Name,

Mary West

7. Mother's Birthplace,

Sharp St. Baltimore

8. Full Name of Father,

Geo Benj Scheckel

9. Father's Occupation,

Carter

Father's Birthplace,

Cross St. Balt

Name of Medical Attendant,

or other Person who makes this Return

Midwife. M. E. Smith

Address,

Sharp St. Baltimore

Remarks,

Is or has been illegitimate, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first and third day of each new month to the Board of Health. In case the birth of any child should be attended by the assistance of a physician, or a practitioner of midwifery, or if any child should be born to a woman who has been attended by a practitioner of midwifery, then because such certificate is not required, the said practitioner shall then be bound to deliver, duly signed, to the Board of Health, a certificate, in the form of a certificate, of the birth of such child, except in the case of the birth and death of a still-born child, and within the period above required, to the Board of Health, and the said certificate shall be subject to a fine of ten dollars for each offence, to be recovered, as other fines and penalties are recoverable.

SEP 15 1883

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 9th 1883

4. Place of Birth, (Street and Number) 51 East street

5. Full Name of Mother, Mary Burton

6. Mother's Maiden Name, Mary Wilmore

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, *Emily Buxton*

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, No 5 forest street.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

9th of July 1883

4. Place of Birth, (Street and Number)

20 Pearl St. Baltimore

5. Full Name of Mother,

Agnes Josephine Agate Schwarzschilder

6. Mother's Maiden Name,

A. Do. Mary Vergho

7. Mother's Birthplace,

Chicago

8. Full Name of Father,

Henry Schwarzschilder

9. Father's Occupation,

Printer & Stationer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

D. M. Helman M.D.

Address, 720 Pearl St. Baltimore

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 10th

4. Place of Birth, (Street and Number)

No 214 William St

5. Full Name of Mother,

Sarah E. O'Hara

6. Mother's Maiden Name,

Leoscrow

7. Mother's Birthplace,

City

8. Full Name of Father,

James O'Hara

9. Father's Occupation,

Iron molder

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. C. Bunch M.D.

Address,

1511 Hanover St

Remarks,

15947

Timore City.

Third

Female

White

10 1/2

Belmonte Stockholm street 1. Linber 18

Katharine geb.

Calherine J. Lewis

Land house

Henry det

Henry J. Lupton

Aracum

er other Person who
makes this Return

on who
return Philip M. M. M. M.

[Handwritten signature]

1-1. CITY PLANNING AND STATISTICS



th, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur within the third day of each and every month to the Board of Health, and the said practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) (Male)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 10th 1883

4. Place of Birth, (Street and Number) 182 Eastern Ave

5. Full Name of Mother, Anna Schlecht

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, City

8. Full Name of Father, Charles Schlecht

9. Father's Occupation, Painter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bely

Address, 120 Bank St.

Remarks,

Missing

65949

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 10, 1883

4. Place of Birth, (Street and Number)

443 E. Baltimore St.

5. Full Name of Mother,

Mattie Taylor Brady

6. Mother's Maiden Name,

Mattie Taylor Hunter

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

James H. Brady

9. Father's Occupation,

Oyster & Fruit Dealer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. H. Horck MD

Address,

75 E. Baltimore St.

Remarks,

and in the form of a certificate, between the first and third day of each and every month, and in the case of illegitimate children, and any person or persons, except in the case of the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

1991

267
1883

Record of Fetal Stillbirths in the City of Baltimore.

register 0⁰ .0 birt.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th Sept
4. Place of Birth, (Street and Number) 158 Dillon st Benton
5. Full Name of Mother, Loretta Mundock
6. Mother's Maiden Name, Loretta Hook
7. Mother's Birthplace, Prussia Germany
8. Full Name of Father, James Eugene Mundock
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs Sarah Dillars
- Address, 104 Curley St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d; &c.)

14th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 10, 1883

4. Place of Birth, (Street and Number)

443 E. Baltimore St.

5. Full Name of Mother,

Mate Taylor Brady

6. Mother's Maiden Name,

Mate Taylor Hunter

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

James H. Brady

9. Father's Occupation,

Optic & Forest Packet

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. H. Henshaw

Address,

75 E. Baltimore St.

Remarks,

any name shall have been enforced, his sex, color, place of birth, and the day, month, and year of birth of any child shall occur without the attendance of a physician, or the attendance of a physician shall be required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

6291

967
1883

- 3 6

or other Person who
makes this Return

Mrs Sarah Sullens
104 Barclay St

Remarks.

[illegible]

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following questions, to be answered by the person practicing midwifery, and the answers shall be ascertained, the full name of each child at birth, the date of birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the child schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day after the birth of the child, and the person practicing midwifery should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Board of Health, in the manner and within the period above required, every birth occurring in the City of Baltimore, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th September*

4. Place of Birth, (Street and Number) *8 Garrison Street*

5. Full Name of Mother, *Emma Ridgway*

6. Mother's Maiden Name, *Emma Butler*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Ridgway*

9. Father's Occupation, *Brick Manufacturer*

10. Father's Birthplace, *Philadelphia Pa*

Name of Medical Attendant, or other Person who makes this Return *M. J. Spurgeon*

Address, *16 Madison Street*

Remarks, *Free healthy child*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sept 10th 1883*
4. Place of Birth (Street and Number) *27 Short St.*
5. Full Name of Mother *Martha Myers*
6. Mother's Maiden Name *Jackson*
7. Mother's Birthplace *Balta Md.*
8. Full Name of Father *Simon Myers*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Balta Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Francis A. Jones M.D.*
- Address *105 N. Central Ave.*
- Remarks

Extract Regulations of the Board of Health to secure a full and
Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall require that the name of the mother, the name of the child, the date and place of its birth, and the date and place of its death, shall be ascertained, the full name of each child (if any more shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule, shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day after the birth, to the nearest Registrar of Births, who shall certify to the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 10th 1883

4. Place of Birth, (Street and Number) 299 Front St.

5. Full Name of Mother, M. H. H. H.

6. Mother's Maiden Name, M. H. H. H.

7. Mother's Birthplace, Balt.

8. Full Name of Father, James H. H.

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. H. H. H.

Address, 16185 St. or Central av. Government St.

Remarks, All well

**Extract Regulations of the Board of Health in Relation to the
Record of Vital Statistics in the City of Baltimore.**

sections a.—And he who further enacted and ordained, That every person practising midwifery in the City of Baltimore, under whose charge or superintendence a birth should take place, shall keep a true and accurate catalogue of health of such birth, and shall enter the same on a blank schedule to be kept by the practitioner of health. This schedule shall contain a list of the limbs which have occurred under his or her charge, and shall be so filled up, as far as the same can be ascertained, the full names of each child and the names of the parents, as far as they can be ascertained, the name of the midwife, the day and place of its birth, and the midwife's schedule shall be delivered daily, signed and attested in the form of a certificate, is seen the first and third day of each and every month, to the board of Health, or to the form of a schedule, and shall need occur without the attendance of a physician, or of a practitioner of midwifery, except in the case of a child born dead, or of a child born with such defects as render it incapable of surviving the period of parents, or such child in the mother, immediately thereafter, it shall then become the duty of the parent above required, except in the case of a child born with such defects as render it incapable of surviving the period above required, except in the case of a child born with such defects as render it incapable of surviving the period above required, and every person or persons who shall heretofore fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered. Other fines and penalties are allowable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1/2

1. Sex, (state whether male or female) *girl*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *10 September*
 4. Place of Birth, (Street and Number) *228 Egoor Street*
 5. Full Name of Mother, *Helmina Kraus*
 6. Mother's Maiden Name, *Kraus*
 7. Mother's Birthplace, *Vietsheim Baden*
 8. Full Name of Father, *George Kraus*
 9. Father's Occupation, *Dr. Hor.*
 10. Father's Birthplace, *S. Catherine Prussia*
 Name of Medical Attendant, or other Person who makes this Return *Lina Falber*
 Address, *239 E. Egoor Street*
 Remarks,

JOHN F. FIET & SON, CITY PRINTERS AND BATIONERS

SECTION 6.—And to it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under a license or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the year, giving the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place of its birth, the name of the practitioner of midwifery, in the form of a certificate, between the first and third day of each and every month, to the nearest practicable, should any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery, or of the physician, to report the same to the Board of Health, in the manner, and within the period above required, except in the case of the birth of a child, which may be reported by any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 10th 85

4. Place of Birth, (Street and Number)

144 Castle St. - South

5. Full Name of Mother,

Rosa Monk

6. Mother's Maiden Name,

Rosa Skinner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Monk

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wilery

Address,

No 12 Patterson Park av

Remarks,

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

65957

SEP
13
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (~~state whether~~ Male or Female) _____
2. Race or Color (~~if not~~ of the white race) _____
3. Date of Birth Sept 10/83
4. Place of Birth (Street and Number) 855 W. Pratt St
5. Full Name of Mother Mrs Sarah A. Leonard
6. Mother's Maiden Name Hurdle
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel W. Leonard
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M. D.
- Address 642 W. Fayette St
- Remarks _____

SECTION 9.—And be it further enacted and related, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file and deliver to the Registrar of Vital Statistics, a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as he or she can be ascertained, the full name of each child, (if born alive), the date of its birth, the place of its birth, and the sex of the child, and the name of the mother, and the date and time of its birth, and the date and time of its death, and the name of the physician, or of a practitioner of midwifery, or of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *10th of September 1895*

4. Place of Birth, (Street and Number) *257 East Calver St.*

5. Full Name of Mother *Emma McKeon*

6. Mother's Maiden Name *Rierson*

7. Mother's Birthplace *Dublin Ireland*

8. Full Name of Father *James Rierson*

9. Father's Occupation *Seafaring man*

10. Father's Birthplace *Dublin Ireland*

Name of Medical Attendant, or other Person who makes this Return *Prescilla Kunkel*

Address *71 North Chapel St for prescilla Kunkel*

Remarks *Mar. City*

Extract Regulations of the Board of Health of Baltimore.
Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of all births occurring in the City, and shall forward the same to the Board of Health, during the first, second, third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh, twelfth, thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, eighteenth, nineteenth, twentieth, twenty-first, twenty-second, twenty-third, twenty-fourth, twenty-fifth, twenty-sixth, twenty-seventh, twenty-eighth, twenty-ninth, thirtieth, thirty-first, thirty-second, thirty-third, thirty-fourth, thirty-fifth, thirty-sixth, thirty-seventh, thirty-eighth, thirty-ninth, fortieth, forty-first, forty-second, forty-third, forty-fourth, forty-fifth, forty-sixth, forty-seventh, forty-eighth, forty-ninth, fiftieth, fifty-first, fifty-second, fifty-third, fifty-fourth, fifty-fifth, fifty-sixth, fifty-seventh, fifty-eighth, fifty-ninth, sixtieth, sixty-first, sixty-second, sixty-third, sixty-fourth, sixty-fifth, sixty-sixth, sixty-seventh, sixty-eighth, sixty-ninth, seventieth, seventy-first, seventy-second, seventy-third, seventy-fourth, seventy-fifth, seventy-sixth, seventy-seventh, seventy-eighth, seventy-ninth, eightieth, eighty-first, eighty-second, eighty-third, eighty-fourth, eighty-fifth, eighty-sixth, eighty-seventh, eighty-eighth, eighty-ninth, ninetieth, ninety-first, ninety-second, ninety-third, ninety-fourth, ninety-fifth, ninety-sixth, ninety-seventh, ninety-eighth, ninety-ninth, and one hundredth day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person who shall have been in attendance upon the mother, to the Board of Health, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered at other time and place as may be deemed

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Kind*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Geboren den 10^{ten} September*
 4. Place of Birth, (Street and Number) *N^o 257 Regester Str.*
 5. Full Name of Mother, *Anna Dick*
 6. Mother's Maiden Name, *Anna Henschel*
 7. Mother's Birthplace, *Deutschland*
 8. Full Name of Father, *Anton Dick*
 9. Father's Occupation, *Landw. Geister*
 10. Father's Birthplace, *Deutschland*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Reymann*
 Address, *N^o 204 S. Dallas Str.*
 Remarks, *Hebammen*

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10th. of September*
4. Place of Birth, (Street and Number) *492 E. Eager St.*
5. Full Name of Mother, *Kate Goodman*
6. Mother's Maiden Name, *Kate Gordon*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard Goodman*
9. Father's Occupation, *Book Binder*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mary Hatter*
Address, *125 W. Caroline St.*
Remarks, ®

SEP
13
1883

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Male

10 September

42. H₂SO₄ acid

Mary Mett

Taylor B

Baltimore

For Mrs. M. H. H.

Officer

Baltimore

Baruch Easton

22. W. Greenbush street

Remarks.

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: *Norman C. Bobbitt*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

10 Sep 1883

4. Place of Birth, (Street and Number)

570 Mulberry St

5. Full Name of Mother,

Clara Bobbitt

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Thomas Bobbitt

9. Father's Occupation,

Salesman

10. Father's Birthplace,

N.C.

Name of Medical Attendant, or other Person who makes this Return.

*J. H. Atkinson M.D.
119 St. Charles St.*

Address,

Remarks,

SECTION 6.—And be it further enacted and retained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a list of the births occurring in the City during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept. 10, 1883*
 4. Place of Birth, (Street and Number) *Hamstead St. 146*
 5. Full Name of Mother, *Mary Kellogg*
 6. Mother's Maiden Name, *Mary Rodgers*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Michael Kellogg*
 9. Father's Occupation, *Grocer*
 10. Father's Birthplace, *Washington City*
- Name of Medical Attendant, *or other Person who makes this Return* *Harry E. H. Mer*
- Address, *15 Dallas St. No. 26*
- Remarks,

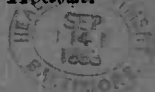
Extract Regulations of the Board of Health, Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 1894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 September
4. Place of Birth, (Street and Number) 307 Alice Ann Street
5. Full Name of Mother Maria Ganecke
6. Mother's Maiden Name Baumbach
7. Mother's Birthplace Marienvorstadt Germany
8. Full Name of Father Friedrich Baumbach
9. Father's Occupation
10. Father's Birthplace Marienvorstadt
- Name of Medical Attendant, or other Person who makes this Return. Maria Guttner
S. Wagon Street 245.
- Address
- Remarks



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 10 1883

4. Place of Birth, (Street and Number)

58 Burgundy Alley

5. Full Name of Mother

Mary Augustus

6. Mother's Maiden Name,

7. Mother's Birthplace,

Dorchester County Md

8. Full Name of Father,

Joshua Augustus

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Deborah Thomas

Address,

76 Burgundy Alley

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN. OF A BIRTH

65966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the second.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *Colored.*
3. Date of Birth, *September 10th 1883.*
4. Place of Birth, (Street and Number) *No 32 Morris-st.*
5. Full Name of Mother, *Mary Givens.*
6. Mother's Maiden Name, *Mary Johnson.*
7. Mother's Birthplace, *Potato Neck, Somerset County, Md.*
8. Full Name of Father, *Henry Givens.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *New York.*
- Name of Medical Attendant, or other Person who makes this Return *Lucia Cornish.*
- Address, *No 15 Garden-alley.*
- Remarks, *Death from hemorrhages.*

Extract Regulations of the Board of Health
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15967

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

10th Sept. 1893

4. Place of Birth, (Street and Number)

53 1/2 William

5. Full Name of Mother,

Louisa Zellers

6. Mother's Maiden Name,

" Pelner

7. Mother's Birthplace,

N. Jersey

8. Full Name of Father,

Theodore Zellers

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

N. Jersey

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster

Address,

57 Bunker

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65968

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

16th Sept. 1883

4. Place of Birth, (Street and Number)

626 S. Church

5. Full Name of Mother,

Susan Fellers

6. Mother's Maiden Name,

Ross

7. Mother's Birthplace,

N Jersey

8. Full Name of Father,

David Fellers

9. Father's Occupation,

Glean Blower

10. Father's Birthplace,

N York

Name of Medical Attendant,

or other Person who makes this Return

H W Mcbratney

Address,

57 Banner

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 10th 1883

4. Place of Birth, (Street and Number) 178 high street

5. Full Name of Mother, Nancy Galway

G. Mother's Maiden Name, Nancy Murray

7. Mother's Birthplace, Baltimore Md.

S. Full Name of Father, Samuel Galanar

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *North Carolina*

Name of Medical Attendant, or other Person who makes this Return *Narret Jackson*

Address. No 5 Forest street

Remarks.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1897

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.

SEP
 19
 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Son. Borned to Am. Lunn
- Sex (state whether Male or Female) , Sun Collard
- Race or Color (if not of the white race) Collard
- Date of Birth Borned Sept 10th 1883
- Place of Birth (Street and Number) 155 West St. Baltimore
- Full Name of Mother Annie Lunn Age 26
- Mother's Maiden Name Annie Carter
- Mother's Birthplace Annapolis County Md
- Full Name of Father John Lunn Age 34
- Father's Occupation bricklayer
- Father's Birthplace Annapolis County
- Name of Medical Attendant, or other Person who makes this return 155 West Street Baltimore
- Address
- Remarks Diana Campbelle

Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

65976
OCT 124 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 10th Sept

4. Place of Birth (Street and Number) 186 W. Fayette.

5. Full Name of Mother Annie Reinhardt

6. Mother's Maiden Name Miller

7. Mother's Birthplace Ind

8. Full Name of Father D. J. Reinhardt

9. Father's Occupation Physician

10. Father's Birthplace Ind

Name of Medical Attendant, or other Person who makes this Return. H. W. Oving

Address 364 Madison Ave

Remarks

65972

BALTIMORE CITY.

current. Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

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an unhappy Thorn

Baltimore City


John M. Higgins

Crystal Lake

Baltimore City

Charles H. Haine

258 Rukung DT



Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sept. 10th 1883*

4. Place of Birth, (Street and Number) *40 Madison St*

5. Full Name of Mother, *Annie Mc. O'Leary*

6. Mother's Maiden Name, *Annie Cook*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Mc. O'Leary*

9. Father's Occupation, *Coachman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Ed. Math. Ward*

Address, *143 N. E. 4th St*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1891

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 11th

4. Place of Birth, (Street and Number) No 90 Seaden Hall St

5. Full Name of Mother, Elizabeth Schwaab

6. Mother's Maiden Name, Eigenbroh

7. Mother's Birthplace, City

8. Full Name of Father, Chas. H. Schwaab

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return J. C. Church M.D.

Address, 151 Hanover St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

SECTION 9.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge a birth shall occur, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January, as far as the same can be ascertained, the full name of each child, its sex, race or color, the date of its birth, the date of its delivery, the place of its birth, and the name of the mother, and shall be signed by the midwife, and shall be filed in the office of the Board of Health. In case the midwife shall neglect to file such schedule, or of a practitioner of midwifery, or of a person who shall neglect to report the birth of a child to the Board of Health, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, and if they fail to do so, any person or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Female Child*
2. Race or Color, (if not of the white race) *Colored Child*
3. Date of Birth, *11. September*
4. Place of Birth, (Street and Number) *No 16 Waterat St*
5. Full Name of Mother, *Mitilda Lewis*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Panada, West*
8. Full Name of Father, *John H. Lewis*
9. Father's Occupation, *Plant Gardener*
10. Father's Birthplace, *Mountgomery, Pa Md*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Jones*
- Address, *No 17 Waterat St*
- Remarks,

Extract Regulations of the Board of Health of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 11th 1883*
4. Place of Birth (Street and Number) *Chilren St. Balt.*
5. Full Name of Mother *Augusta Stevens*
6. Mother's Maiden Name *Buckley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Benj. Stevens*
9. Father's Occupation *Coachman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Loctitia Moore*
- Address *115 North Caroline St. Balt.*
- Remarks

11
10977

Oct 11 1953

Sixth

Scale.....

White

September 11th 1853

101 Columbia Ave

Charlotte O. Rudorf

Charlotte Wilmer

German

Genre: Obscure

Manufacture

Germany

Paul Mühl

1. Lactin in first 4th

Remarks,

Record of Vital Statistics in the City of Philadelphia

Record of Vital Statistics in the City of Baltimore.

sections, and be he there enacted and ordained. That every licentiate practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the birth, and shall report on the same on a blank schedule to be furnished by the Committee on Health. With respect to the child, the said record shall contain the name of the child, the date of its birth, the sex, and shall set forth, as far as the same can be ascertained, the full name of the Committee on Health, the name of the licentiate, the name of the physician, the name of the nurse, the name of the midwife, the name of the mother, and shall set forth, as far as the same can be ascertained, the full name of each child or certificate, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any of the parent or parents of such child, to report its birth to the Board of Health. In the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and of children born of a woman who is not a resident of the City of Baltimore, the Committee on Health shall cause a line of ten dollars for each conceit, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

more City

4.5

64

Female

Colonel

Sept 11th 1883

No 64 Bank of


Elizabeth Cady

Rodgers!

Che

Agoston Harbison

Mariner



Mrs Elizabeth Galt

120 Brook St.

Abstract

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant.

Address.

Remarks.

or other Person who
makes this Return

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
1
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall cause the same to be duly entered in the City of Baltimore, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, the first and third day of each and every month, to the intent of health, and that the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to cause the same to be duly entered in the City of Baltimore, and to submit the same to the proper authorities, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2* 85782

1. Sex, (state whether male or female) *Female* 001

2. Race or Color, (if not of the white race) *White* 1853

3. Date of Birth, *September 11 1883*

4. Place of Birth, (Street and Number) *177 S. Broadway*

5. Full Name of Mother, *Jennie Hasenbalg*

6. Mother's Maiden Name, *Euscher*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ernst Hasenbalg*

9. Father's Occupation, *Apothecary*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Kraus*

Address, *236 Canton Ave*

Remarks:

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
25
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *11 of September.*
4. Place of Birth, (Street and Number) *97 Caroline St.*
5. Full Name of Mother, *Eusan Brown.*
6. Mother's Maiden Name, *Eusan Koenig.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *John Brown.*
9. Father's Occupation, *Police.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this Return, *Harry Swaine*
- Address, *57 Chesapeake*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registry, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 11th*

4. Place of Birth, (Street and Number) *12 Ridgely St.*

5. Full Name of Mother, *Caroline M.*

6. Mother's Maiden Name, *Fell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Hermann M.*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *A. S. Buddenbom M.D.*

Address, *166 S. Paca St.*

Remarks,

1987
Baltimore City

SEP
13
1883

5.

Female

950-856

11 Sept.

38 Market square

Lara Werner

Gramer

Germany

August Werner

Register

Germany

Sarah Gardner

72 E. Lombard street

JOHN E. MEY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Sept 11. 1883*

4. Place of Birth, (Street and Number) *No. 398. Dismal St*

5. Full Name of Mother *Martina Tucker*

6. Mother's Maiden Name *Wanamaker*

7. Mother's Birthplace *Balt.*

8. Full Name of Father *Robert J. Tucker*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return. *D. H. Huttusi M.D.*

Address *23 Franklin St.*

Remarks *1.*

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of September

4. Place of Birth, (Street and Number)

27 1/2 Broadway Street

5. Full Name of Mother,

Annie M. Myers

6. Mother's Maiden Name,

Annie M. Buskey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Myers

9. Father's Occupation,

Confectionary

10. Father's Birthplace,

Europe, Westphalen Ant. Meppel

Name of Medical Attendant,

or other Person who makes this Return

Miss Christina Linder

Address,

113 Maryland Ave.

Remarks,

Baltimore Md

1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 11, 1883*
4. Place of Birth, (Street and Number) *537 N. Washington St.*
5. Full Name of Mother, *Bertha Dietrich*
6. Mother's Maiden Name, *Bertha Fromm*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Dietrich*
9. Father's Occupation, *Clerk of Foreign Mail, Balto City P.O.*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *or other Person who makes this Return* *J. Russell Mortenson, M.D.*
- Address, *1 Delam Avenue, in Washington St. Strick*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Louise Brown* 1st child.
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
 1. Sex (state whether Male or Female) *Female.*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sep. 11th 1883.*
 4. Place of Birth (Street and Number) *Baltimore No. 38 North Gardine st.*
 5. Full Name of Mother *Laura Brown.*
 6. Mother's Maiden Name *Linglebach.*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Louis Brown.*
 9. Father's Occupation *Carpenter.*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Ann Coleman*
 Address *No. 10 South Edgew st.*
 Remarks

SEP
 19
 1883

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

65992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

Sex (state whether Male or Female)

Female

Race or Color (if not of the white race)

White

Date of Birth

Sept 11th 1883

Place of Birth (Street and Number)

364 William St

Full Name of Mother

Margaret ~~Spence~~ Dulany

Mother's Maiden Name

" Spence

Mother's Birthplace

Baltimore Md

Full Name of Father

Randolph R. Dulany

Father's Occupation

Carr - Maker

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

O. A. Corkin M.D.

Address

110 Fort av

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

SEP

19

1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

11th Sep 1883

4. Place of Birth, (Street and Number)

35 Woodward St

5. Full Name of Mother

Kate Glenn

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Oscar Glenn

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Mrs Schiefer

Address

20 Columbia St

Remarks

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 1883

4. Place of Birth, (Street and Number) *Balto, Barnes St 30*

5. Full Name of Mother, *Mary E. Paduch*

6. Mother's Maiden Name, Mr. Bchannek

7. Mother's Birthplace, *Bahama*

S. Full Name of Father, Michael Heiduck

9. *Father's Occupation* Laborer

10. Father's Birthplace, Batavia

Name of Medical Attendant, or other Person who makes this Return

Address, 69 N. Washington St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1599

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

087
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 12. 83

4. Place of Birth, (Street and Number)

J. Wolfe St. No 49

5. Full Name of Mother,

Frederic H. Hagen

6. Mother's Maiden Name,

Worfler

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Frederic Hagen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Wm. W. Dr. Dr. Dr.

Address,

J. Wolfe St. No 49

Remarks,

44
65777
impro. City

OCT 2 1893

... of the

Heard

W. L. L.

Sept. 12th 1882

#52 B. J. & E. L. S.

John C. BLS

B. L. L.

P. D. ...

W. L. B.

[Handwritten signature]

Le

1891

1892 E. G. L. S.

.....5

8. FINE & SONS, CITY PRINTERS AND STATIONERS.

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under a license or certificate of qualification, shall be bound to file with the Registrar of Health, a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, the time of its birth, the name of the mother, the name of the father, the name of the physician, or of a practitioner of midwifery, or of a person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 29*
4. Place of Birth, (Street and Number) *Clement St. No. 4*
5. Full Name of Mother, *Caroline Egert*
6. Mother's Maiden Name, *Caroline Ruppel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry H. Egert*
9. Father's Occupation, *Bank Manufacturer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. M. M. M.*
- Address, *1 Lombard St.*
- Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on Health. This schedule shall contain a list of the births which have occurred under his or her care and supervision, and shall be filled out by the midwife, and shall be kept in a safe place, and shall be preserved for a period of one year after the date of the birth, and shall be produced to the Board of Health, at the request of the Board of Health, and shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of every month to the Board of Health. In case the midwife should be absent from the City, or should be unable to attend to the duties of her office, she should notify the Board of Health, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, heretofore provided for the reporting of such children, and should the parent or parents fail to comply with the provisions of this section, the child, and the mother, and the father, shall be liable to a fine of ten dollars for each offence, to be recovered, as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

Sept. 12/23

4. *Place of Birth, (Street and Number)*

212 Garden Ave

5. *Full Name of Mother,*

Olivia Woolf

6. *Mother's Maiden Name,*

Er. ... Germany

7. *Mother's Birthplace*

8. *Full Name of Father,*

George H. Wall, Jr.

9. *Father's Occupation,*

Ingat, B...

10. *Father's Birthplace,*

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address.

23¹⁰

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 12 - 1883

4. Place of Birth, (Street and Number) 500 Chesapeake St.

5. Full Name of Mother, Kate Portner

6. Mother's Maiden Name, Vitya

7. Mother's Birthplace, Germany

8. Full Name of Father, John Portner

9. Father's Occupation, Shoe - Makers

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Ship

Address, 191 E. Pratt St.

Remarks,

66002

507
3
4223

125

Ball

White

Sept. 12th 1833

180 W. W. & S.

Kennel, Lindler

Ami. Krager

Germany

Charlie Spindler

Butcher

Germany

16. A B C D

Bel and Monument St

JAMES B. MEY & CO., CITY PRINTERS AND STATIONERS

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 12, 1883*

4. Place of Birth, (Street and Number) *417 N. Fremont St.*

5. Full Name of Mother, *Ellen Lyons*

6. Mother's Maiden Name, *Roman*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Timothy Lyons*

9. Father's Occupation, *Keeper of Saloon*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who make this Return *Marbury Brewer M.D.*

Address *68 N. Carroll St.*

Remarks.

Correct Return to

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 12, 1883

4. Place of Birth, (Street and Number)

77 Johnson St.

5. Full Name of Mother,

Sophie Schultz

6. Mother's Maiden Name,

Sophie Engelberges

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert Schultz

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children borne, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

Hoon

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
13
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th month
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 7th Elliott St cor of Patuxent St. J A N Wednesday, Sept 12th 1893
4. Place of Birth, (Street and Number) 73 Elliott Cor of Patuxent Sts (Canton)
5. Full Name of Mother Louisa Meinicka
6. Mother's Maiden Name Louisa Roseluss
7. Mother's Birthplace Germany
8. Full Name of Father Anthony Meinicka
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Pyrmie Midwifery then Dr. E. P. Richard M.D.
- Address 380 Donnell St
- Remarks Long tedious labor 20 hours. I was in attendance one hour used Forceps large child head presentation. Both mother and child are doing well. It was necessary to turn the child in order to have the correct presentation.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: David Charles Smith

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd Child
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 12.
Crescent St 120
Larson Smith

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Larson Rogers
David Smith
Occupation Laborer
Father Birth Place Baltimore

Elizabeth Jager

Address

Remarks

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

12th September 1893

4. Place of Birth, (Street and Number)

115 S. Street

5. Full Name of Mother,

Annie Warfield

6. Mother's Maiden Name,

Reed

7. Mother's Birthplace,

8. Full Name of Father,

J. H. C. Warfield

9. Father's Occupation,

N. H. Conductor

10. Father's Birthplace,

Pa.

Name of Medical Attendant,

or other Person who makes this Return

J. W. Webster

Address,

57 Baltimore

Remarks,

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose direction or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall retain it out of two births which have occurred under his or her care since it ceases to be such, and shall deliver it to the Commissioner of Health, at the time when the name shall have been conferred; in its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to be kept by the first and third day of each and every month to the Board of Health, in case the child should be subject to any of the diseases upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the case of those births and deaths of illegitimate children, and within the period above specified, by the parent or parents, and in such cases the child shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 13, 1883*

4. Place of Birth, (Street and Number) *1296 Cross St*

5. Full Name of Mother, *Anna M. March*

6. Mother's Maiden Name, *"B." Newick*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Warner March*

9. Father's Occupation, *Stocker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cook*

Address, *1465 Broadway St*

Remarks,



Extract Regulations of the Board of Health in recording births
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

660712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 12 1893

4. Place of Birth, (Street and Number)

124 Bittel St

5. Full Name of Mother,

Mary Kelly

6. Mother's Maiden Name,

Charles West

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Kelly

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. B. J. Gray

Address,

193 Chester St

Remarks,

6601

SEP
19
1883

5.

Male

(10)

12 Sept.

246 S. Bond

Mary Melany

it after

Germany

Christine Melby

Bigas Manufacturer.

Germany

Sarah Casper

72. G. Lombard street

JOHN E. MEY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

66012

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 12th 1883

4. Place of Birth, (Street and Number)

179 S. Foca St

5. Full Name of Mother

Minna Schindthelm

6. Mother's Maiden Name

Wagner

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Gustave Schindthelm

9. Father's Occupation

Cabinet Maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid; within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP
20

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

th3

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 12 1893

4. Place of Birth (Street and Number)

145 York St

5. Full Name of Mother

Hannie Cornish

6. Mother's Maiden Name

Hannie Brasly

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Cornish

9. Father's Occupation

Oyster Shucker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Emily Hughes

Address

136 York St

Remarks

None

SECTION 6.—And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, who shall receive a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same in a book to be provided by the Commissioner of Health. This schedule shall contain a list of the births which have occurred within the limits of the month, and shall set forth, as far as the same can be ascertained, the full name of each child if born alive, the name of the mother, the date of birth, the place of birth, the day and the hour of the day of the birth, the sex of the child, the name of the physician, or of a practitioner of midwifery, or of any other person who shall hereafter fall to comply with the provisions of this section, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 12 - 1883

4. Place of Birth, (Street and Number)

No. 10 Little Church St
Baltimore

5. Full Name of Mother,

Barlow

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

William Schneider

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schlegel midwife
330 Farnover St.

Address,

Remarks,

SECTION C.—And be it further enacted and ordained: That every person residing within (or in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, within the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of its birth, its sex, color, the full name and occupation of its parents, the day of a piece of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the birth of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the instance, and within the time specified in the said schedule, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as a civil fine and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child.*
 1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *September 13/83.*
 4. Place of Birth, (Street and Number) *No. 115. Lemmon St.*
 5. Full Name of Mother, *Henrietta Atkinson.*
 6. Mother's Maiden Name, *Harrell.*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *Moses Atkinson.*
 9. Father's Occupation, *Bricklayer.*
 10. Father's Birthplace, *Baltimore.*
 Name of Medical Attendant, or other Person who makes this Return, *Annie Lindner.*
 Address, *No. 45 Monroe St.*
 Remarks, _____

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 13: 83*
4. Place of Birth, (Street and Number) *477 Fair St*
5. Full Name of Mother, *Anna Chase*
6. Mother's Maiden Name, *" Chambers'*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *C. Herman Chase*
9. Father's Occupation, *Book Keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *R. Williams*
- Address, *201 Mad: Ave*
- Remarks,

6619

5th or 6th

female

well

13-Sep-1883 whole Oriole Pageant was passing!

30 Rose stone near Eutaw, on the floor

Laura L Jones

Johnsen

ma.

Geo. W. Jones

master

md

G Lane Danvers

219° medium ave

Remarks.

JOHN E. MEYER & CO., CITY PRINTING AND STATIONERS.

5624

SEP 14 1893

17th July

- SEP 14 1893

May 6, 1914

bo n *Harry E. Richter*

bo n *Harry E. Richter*

ADMIN. B. DIST. 4 125-2553 CHINTER AND WEATHERS

SECTION 6.—And be it further enacted and provided, That every person who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are nowvalle
 of Baltimore, under whose charge or superintendence a birth shall hereafter taken place, shall keep a true and
 correct record of all births occurring within the city, and shall enter the same on a blank schedule to be furnished by the Commis-
 sioner of Health. The said schedule shall be filled out by the person attending the birth, and shall be returned to the
 Commissioner of Health, and shall be retained by him, and shall be subject to the inspection of the Board of Health, and
 any person who shall be found guilty of neglecting to keep a true and correct record of all births occurring within the city, or
 of failing to enter the same on a blank schedule to be furnished by the Commissioner of Health, or of failing to return the
 said schedule to the Commissioner of Health, or of failing to retain the same, or of failing to subject the same to the inspection
 of the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties
 are nowvalle.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 66021

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

August 13 1883

4. Place of Birth, (Street and Number)

186 16 ave streets

5. Full Name of Mother,

Maria Boone

6. Mother's Maiden Name,

Maria Taylor

7. Mother's Birthplace,

Prince George county

8. Full Name of Father,

William Henry Taylor

9. Father's Occupation,

sailor by trade shore

10. Father's Birthplace,

Accomac Virginia water

Name of Medical Attendant, or other Person who makes this Return

Midwife

Address,

Mary Chase

Remarks,

No 11 grandall boat

6602.3

OCT
10
1953

Remarks, Mrs. Prance

[illegible]

SECTION 6.—And be it further enacted and ordained, That every person practicing the art and mystery of midwifery, or who shall deliver a child, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the midwife or person delivering the child, and shall be signed by the place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child occurs on the first day of a month, the said certificate shall be delivered on the second day of the month, and in case the birth of a child occurs on the third day of a month, the said certificate shall be delivered on the fourth day of the month. And be it further enacted and ordained, That every person practicing the art and mystery of midwifery, or who shall deliver a child, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the midwife or person delivering the child, and shall be signed by the place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child occurs on the first day of a month, the said certificate shall be delivered on the second day of the month, and in case the birth of a child occurs on the third day of a month, the said certificate shall be delivered on the fourth day of the month. And be it further enacted and ordained, That every person practicing the art and mystery of midwifery, or who shall deliver a child, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the midwife or person delivering the child, and shall be signed by the place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child occurs on the first day of a month, the said certificate shall be delivered on the second day of the month, and in case the birth of a child occurs on the third day of a month, the said certificate shall be delivered on the fourth day of the month.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) Wet

3. Date of Birth, 13 September

4. Place of Birth, (Street and Number) Pratt Str. N. 168

5. Full Name of Mother, Jda. Herrschmann

6. Mother's Maiden Name, Maier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Amos Herrschmann

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Maier

Address, Leeward Str. N. 228

Remarks, Ans. Maier

76021

507
10
2-10-3

- [illegible]

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66086

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 13*

4. Place of Birth, (Street and Number) *162 S. Market St*

5. Full Name of Mother, *Anna Day*

6. Mother's Maiden Name, *Anna Carter*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Tom Day*

9. Father's Occupation, *C. Clerk*

10. Father's Birthplace, *Washington*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. G. McKim*

Address, *162 S. Market St*

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *American*
 3. Date of Birth *Sept 15th 1883*
 4. Place of Birth (Street and Number) *210 George St*
 5. Full Name of Mother *Mary Griffin*
 6. Mother's Maiden Name *Mary Horne*
 7. Mother's Birthplace *Calvert County Md*
 8. Full Name of Father *John Edward Griffin*
 9. Father's Occupation *Clerk*
 10. Father's Birthplace *Calvert County Md*
 Name of Medical Attendant, or other Person who makes this Return. *Julius Hale Md*
 Address *37 Market St*
 Remarks

COPY OF RECORD OF VITAL STATISTICS FOR THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16028

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

9/13/83

4. Place of Birth, (Street and Number)

1 es Macomb st

5. Full Name of Mother.

Mary Smith

6. Mother's Maiden Name.

Mary Jane

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Wm. L. Smith M.D.

Address,

1 es Macomb st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 12

4. Place of Birth, (Street and Number)

39 Gillling

5. Full Name of Mother,

Isabelle J. Green

6. Mother's Maiden Name,

Isabelle Allen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexandria Green

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Ann Nash

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66050

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP
20

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

12 Sept 1883

4. Place of Birth (Street and Number)

Bethel St. near St. Mary's

5. Full Name of Mother

Ida M. Butler

6. Mother's Maiden Name

Bookman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John M. Butler

9. Father's Occupation

Bookman

10. Father's Birthplace

West River Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. C. Bookman

Address

25 E. E. St.

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored race

3. Date of Birth,

September 13th 1883

4. Place of Birth, (Street and Number)

18 Herrgens Court

5. Full Name of Mother,

Souvenia Jones

6. Mother's Maiden Name,

Southern Sumner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Jones

9. Father's Occupation,

Cyber Truckee

10. Father's Birthplace,

St Marys County

Name of Medical Attendant, or other Person who makes this Return

Suandis Woodford

Address,

130 North Regent Street

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 18. 1888.

4. Place of Birth, (Street and Number)

45 Hill St.

5. Full Name of Mother,

Elizabeth Joyce.

6. Mother's Maiden Name,

" Seyfer.

7. Mother's Birthplace,

Balt. City.

8. Full Name of Father,

Robert B. Joyce.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Balt. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

SECTION 100. Every person who, under any change or supposition, makes a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a schedule, to be provided for that purpose, and shall keep the same in the office of the Registrar of Health. This schedule shall contain a list of the births which have occurred under the or have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the sex, the date of birth, the full name of the mother, the name and occupation of its parents, the day and place of its birth, and the date of its death, if it should die within the month. The schedule shall be in the form of a certificate, is between the first and third day of each and every month to the Registrar of Health, or of a practitioner of midwifery, or of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any child shall occur within the month, immediately thereafter, it shall then become the duty of the parent or person who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 66034

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 14th 1883*

4. Place of Birth, (Street and Number) *169 Chester St*

5. Full Name of Mother, *Sally Sowder*

6. Mother's Maiden Name, *Dulley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Sowder*

9. Father's Occupation, *Labora*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Wileys*

Address, *No 12 Patterson Park av*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child
Female

OCT
3
1897

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th September

4. Place of Birth, (Street and Number)

Amity St. No. 11

5. Full Name of Mother,

Louisa Stuart

6. Mother's Maiden Name,

Louisa Chester

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John A. Stuart

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SECTION 4.—And let it further enacted and ordained, that every person who shall keep a house or place of habitation, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth, and shall also keep a true and correct record of every death, and shall also keep a true and correct record of every marriage, and shall also keep a true and correct record of every adoption, and shall also keep a true and correct record of every change of name, and shall also keep a true and correct record of every change of sex, color, or race, and shall also keep a true and correct record of every change of place of birth, and shall also keep a true and correct record of every change of date of birth, and shall also keep a true and correct record of every change of name of child, and shall also keep a true and correct record of every change of name of mother, and shall also keep a true and correct record of every change of name of father, and shall also keep a true and correct record of every change of name of maiden name, and shall also keep a true and correct record of every change of name of birthplace, and shall also keep a true and correct record of every change of name of occupation, and shall also keep a true and correct record of every change of name of birthplace, and shall also keep a true and correct record of every change of name of medical attendant, and shall also keep a true and correct record of every change of name of address, and shall also keep a true and correct record of every change of name of remarks, and shall also keep a true and correct record of every change of name of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1057

1. Sex, (state whether male or female)

Female

007

6

1883

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 14th 1883

4. Place of Birth, (Street and Number)

Castle St north of Monument St

5. Full Name of Mother,

Margaret L. Weinsols

6. Mother's Maiden Name,

Sebelius

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Weinsols

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

S. W. Oldner M. D.

Address,

S. E. Cor. Bazar & Caroline Sts.

Remarks,

1738

Timore City

2.

Female

14 September

4 Central Ave.

Mary Schuber

et c.

1893

Pachyrrhizus

Steady - 10

6 copies

90 Sarah C. Asher

22 Greenland street

Died on 21 Sept. from Convulsions

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 14. 1883

4. Place of Birth, (Street and Number)

172 Myrtle Avenue

5. Full Name of Mother,

Louisa Vogt

6. Mother's Maiden Name,

Frode

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Vogt

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewer M.D.

Address

68 N. Hollidays Street

Remarks

7704

more City.

19
O. Cole
White

Photo.

Sept 14th 1886.

116 Range St

Annie, O. Carter

"W. J. Miller

Wm. L. Carter

R. Graham

Richmond Va
Wm. Lee Webb

Theodore Long
 Jan 2, 1872

Jan 2, 1901

45

JOHN E. HUNT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 14, 1883
4. Place of Birth, (Street and Number) 9 East St. 1st Fl. N.Y.C.
5. Full Name of Mother, Emma Klein
6. Mother's Maiden Name, Emma Hardini
7. Mother's Birthplace, Bressau, Inbalt, Bressau, Germany
8. Full Name of Father, Johann Klein
9. Father's Occupation, Taylor
10. Father's Birthplace, Kleinau, N. Prussia, Germany

Address, *11 Dallas St., No. 26*

Remarks, ...

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or ant, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66042

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 of September 1876

4. Place of Birth, (Street and Number)

No 580 Hanover St

5. Full Name of Mother,

Sarah Clipper

6. Mother's Maiden Name,

Sarah Raymond

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Clipper

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. James Gristhaber

Address,

No 128 West St

Remarks,

RETURN OF A BIRTH *Boy 3*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth

Male

White

14 of September

No 116 Constitution Street

Julia M. Gannon

Julia Gannon

Ireland

Francis M. Gannon

Labour

Ireland

Miss Christina Lauer

173 Maryland Ave

Baltimore Md.

SEP
13
1893
TIME

W 35

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, and advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP.
19
1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

(1) first
M. Gail

white

1st. of Sept 1883

179 Conway St.

Katie Elizabeth Hillson

" " Arnold

Baltimore, Md.

James Herman Hillson

Food & Grocery

Lancaster, Pa.

Dr. Schlifer

20 Columbia St.

RETURN OF A BIRTH

66045

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) first
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 14 1883
4. Place of Birth, (Street and Number) 353 20. Pratt St.
5. Full Name of Mother, Josephine Fischer
6. Mother's Maiden Name, Gosp. Klemmer
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhard Fischer
9. Father's Occupation, Confectioner
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer
Address, 20 Columbia St.
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 14, 1883*
 4. Place of Birth, (Street and Number) *630. W. Baltimore*
 5. Full Name of Mother, *Margaret Trimmer*
 6. Mother's Maiden Name, *Born*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Harriet Trimmer*
 9. Father's Occupation, *Carter*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Schlepper 212. Columbia*
 Address,
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
19
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 14*
4. Place of Birth (Street and Number) *Baltimore Wyeth st. No 54*
5. Full Name of Mother *Josephine Summers*
6. Mother's Maiden Name *Josephine Keifer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Benjamin Summers*
9. Father's Occupation *Seaboar &*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Shaffer*
- Address *114 Ridger St.*
- Remarks

[illegible]

More City

4

Female

White

Sept 14 1883

1292

John Bradley

John F. ...

Barthmuel

Abner Bridges

Capron

Baltimore

Mrs E. Evans

193 Chestnut

SEP
20
1973

SECTION 9.—And he it further enacted and ordained, That the Registrar of Births and Deaths of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall set forth, as far as the same can be ascertained, the full names of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parent or person to whom the child shall be delivered, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person to whom the child is so delivered, to report its birth to the Board of Health, in the manner, and within the time, hereinafter provided, and shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, sep 7th 1883

4. Place of Birth, (Street and Number) street at No. 3

5. Full Name of Mother, John Pearl

6. Mother's Maiden Name, John Edward

7. Mother's Birthplace, Germany

8. Full Name of Father, John Pearl

9. Father's Occupation, labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. Halliday

Address, Baltimore at No. 10

Remarks, _____

SEP
20
1883

Итого

SEP
20

156

Male

white race

September the 14th

Baltimore light sh. clc 4 26

Katie Milkins

Clark

Baltimore

Leven Perkins

Labrador

Drexler & Co. et al.

Elizabeth Hawthorne

Elizabeth Halloran
Wilkins St No 344

JULIUS B. FULT & CO., 1115 PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 11051.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child SEP 20 1883

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 9 M^o 14th 1883

4. Place of Birth, (Street and Number) 24 N. Gay St.

5. Full Name of Mother Margaret Gordon

6. Mother's Maiden Name Margaret Murray

7. Mother's Birthplace Baltimore

8. Full Name of Father The Gordons

9. Father's Occupation Restaurateur

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. W. King M.D.

Address 306 Madison Avenue

Remarks

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

• RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 14th 1883
192 Chestnut St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Annie M. Make

6. Mother's Maiden Name,

Annie Mary Dietz

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Godfrey Make

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who
makes this Return

Erwin May B. Gahman

Address,

No 28. N. Travis St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

67054

226

3.14

Male

Colored

14th September 1883

N.º 2 Forest St

Sarah C. Bantam

Sarah E. Howard

Baltimore City

John E. Bantam

Labourer

Talbot County

Harriet Jackson

No. 5 Forrest St

Baltimore City Mc

2016年12月15日 星期四

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

George Cornelius Smith, Jr.

111

2-d

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Sept 15 - 1883

3. Date of Birth,

No 17 Russell St

4. Place of Birth, (Street and Number)

Elizabeth Smith

5. Full Name of Mother,

" Lookdown

6. Mother's Maiden Name,

City

7. Mother's Birthplace,

Geo Smith

8. Full Name of Father,

Machinist

9. Father's Occupation,

City

10. Father's Birthplace,

10 Russell St

Name of Medical Attendant, or other Person who makes this Return

15 1 Starover

Address,

Remarks,

CITY NAME ADDED.

11-26-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

S. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks,

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 15th. 1883.*
4. Place of Birth (Street and Number) *423. Fayette St. Baltimore.*
5. Full Name of Mother *Mary Burton*
6. Mother's Maiden Name *McCarthy.*
7. Mother's Birthplace *Illinois*
8. Full Name of Father *Frank Burton*
9. Father's Occupation *Potter*
10. Father's Birthplace *Staffordshire, England*
- Name of Medical Attendant, or other Person who makes this Return. *Loetitia Poore*
- Address *116. North Caroline St. Balt.*
- Remarks

66057

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1888

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 15th 1883
4. Place of Birth, (Street and Number) 7 Russell St.
5. Full Name of Mother Mary E. Simms
6. Mother's Maiden Name Swan
7. Mother's Birthplace Balto
8. Full Name of Father Jos. L. Simms
9. Father's Occupation Store dealer
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- * Address Harmon & Bam Ste
- Remarks _____

SECTION 6. - Any person who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

of Baltimore and County, and the Registrar of Vital Statistics, shall be liable for any and all damages which may be incurred by any person who shall neglect to comply with the provisions of this section.

any person who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 15th

4. Place of Birth, (Street and Number) 325 325 Gaston Ave

5. Full Name of Mother, Agnes Vogel

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Vogel

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Garrison Heath

Address, 230 Dorton Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SECTION 13.—In the event of a charge of superintendence a birth shall be made to be furnished by the Committee of Baltimore, under whose charge the birth shall be made, to the Committee of Health, in the same manner of Health. This schedule shall contain a list of the births which have occurred, under this act, during the month, and shall set forth, as far as the same can be ascertained, the full name of the mother, the day and date of the birth, the name of the child, the sex of the child, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in case the mother and child are not removed from the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and in the case of failure to do so, the mother shall be subject to a fine of ten dollars for each offence, and the father shall be subject to a fine of ten dollars for each offence, and the mother and father are recoverable.

RETURN OF A BIRTH

16661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *Feb 15th*
 4. Place of Birth, (Street and Number) *76 Rabung St*
 5. Full Name of Mother, *Mary T. Brown*
 6. Mother's Maiden Name, *Lewis*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Peter Brown*
 9. Father's Occupation, *Cabman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *William M. Clark*
 Address, *53 Carlton St*
 Remarks, *Healthy*

H
1006.2
Himmler, Fritz

SEP
22
1993

215

17. H. H. H. H. H.

6666

1911

11. *Trichostema* (L.) Hornem.

Cyrus Goodwin

Feb.

23

Henry Buchner

Edmund Burke

James

Gray. K. C.

4328

Erhard St.

JOHN E. EIGHT A CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White
Sept 15th 1883

3. Date of Birth,

4. Place of Birth, (Street and Number)

44th St. 49 Stockton

5. Full Name of Mother,

Mary Nicholas

6. Mother's Maiden Name,

Mary Simmons

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Nicholas

9. Father's Occupation,

Bandmaster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Wm. A. Mesinger

Address,

845 Penna. Ave.

Remarks,

RETURN OF A BIRTH *65065*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex; (state whether male or female) *1st. Stillborn female*

2. Race or Color, (if not of the white race) *White color*

3. Date of Birth, *date of Birth*

4. Place of Birth, (Street and Number) *1240 Broadway*

5. Full Name of Mother, *Mary Caroline*

6. Mother's Maiden Name, *Caroline Bates Putnam*

7. Mother's Birthplace,

8. Full Name of Father, *John A. George Lewis*

9. Father's Occupation, *Land digger*

10. Father's Birthplace, *born in Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. E. C. Smith*

Address,

Remarks,

1797

SEP
1983

[illegible]

-

SECTION 6.—And for further enforcement of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a column for the name of the child, and a column for the name of the mother, and a column for the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, to the form of a certificate, between the first and third day of the month in which the child is born, and the said certificate should be in the hands of the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, every failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as after fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 6th, 1883*

4. Place of Birth, (Street and Number) *E. Balt^d St. 19271*

5. Full Name of Mother, *Barbara Weber*

6. Mother's Maiden Name, *Barbara Kiebler*

7. Mother's Birthplace, *Balt^d City*

8. Full Name of Father, *Heinrich Weber*

9. Father's Occupation, *Merchant Taylor*

10. Father's Birthplace, *Schwarzenborn, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Haller*

Address, *E. Balt^d St. 19271*

Remarks, _____

of Baltimore, under whose charge or an-
exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commis-
sioner of the Health, and shall set forth, as far as the same can be ascertained, the full name of such child, of
the month, and shall set forth, as far as the same can be ascertained, the full name of such child, of
any name shall have been conferred, in sex, color, the full name and occupation of its parent, the day and
piece of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a
birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 Sept...

4. Place of Birth, (Street and Number)

50 Pratt.

5. Full Name of Mother,

Mary Stewart

6. Mother's Maiden Name,

Francis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. W. Stewart

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

7/6/07

SEP 19 1893

Female

Female

111

15 Sept.

4 Central Ave.

Mary Schaefer

Kaiser

Baltimore

Henry Schafer

Cadher

Baltimore

"Sarah Carter

72. E. Lombard street

WILLIAM B. HUNT & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

16071



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 15th 1893*
 4. Place of Birth (Street and Number) *Baltimore Gill St. 1120*
 5. Full Name of Mother *Mary Geiss*
 6. Mother's Maiden Name *" Erhardt*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *William Erhardt*
 9. Father's Occupation *When living, Sailor, he is now dead.*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *M^{rs} Elizabeth Scarborough*
 Address *220 Montgomery St Balt.*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 September 1883.

4. Place of Birth, (Street and Number)

808 South Charles St.

5. Full Name of Mother,

Mary Hanley

6. Mother's Maiden Name,

Mary Spearman

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Spearman

9. Father's Occupation,

Labor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Labena Grieshaber.

Address,

No 128 West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 of September

4. Place of Birth, (Street and Number)

No 4 Kaufmanns Alley

5. Full Name of Mother,

Katie Welch

6. Mother's Maiden Name,

Katie Eganore

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Welch

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sabina Freshwater

Address,

No 120 West St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 of September

4. Place of Birth, (Street and Number)

No 33 Randall St

5. Full Name of Mother,

Anna Ruchal

6. Mother's Maiden Name,

Anna Agly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Therman Ruchall

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sabina Freshaber

Address,

No 128 West St

Remarks,

SEP
19
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 of September 1883

4. Place of Birth, (Street and Number)

No 214 Light St

5. Full Name of Mother,

Lizzie Keller

6. Mother's Maiden Name,

Lizzie Rader

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Keller

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sabina Gresham

Address,

No 120 West St

Remarks.

[illegible]

SEP 13 1963

- Remarks,

Whitman Mr.

RETURN OF A BIRTH 16077

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored race

3. Date of Birth,

110 North Register st Sept 13 1883

4. Place of Birth, (Street and Number)

110 North Register st

5. Full Name of Mother,

Sourisa Hill

6. Mother's Maiden Name,

Sourisa Love

7. Mother's Birthplace,

South Hampton

8. Full Name of Father,

Abraham Miller

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

South Carolina

Name of Medical Attendant, or other Person who makes this Return

Loucinia Wilford

Address,

130 North Register st

Remarks,

[illegible]

7178

4th Child
Female

Female

Sept 15th 1883.

No. 130 Barre St.

Wilhelmine Birz

Wagner.

Cernian.

Christian, J Biry

Germany.

Labors

J. Schwaiger - niederr.

1330 Hanover St.

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother;.....

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address _____

Remarks

[illegible]

SECTION 6. - And be it further enacted, That any person who shall charge or superintendence a birth shall hereafter into place, and be subject to the provisions of this act, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

of Baltimore, under which the charge or superintendence of a birth shall hereafter into place, and be subject to the provisions of this act, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

of Baltimore, under which the charge or superintendence of a birth shall hereafter into place, and be subject to the provisions of this act, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

September 18/83
1200 S. Bond St.

Wilhelmina Conlar

Gauss

Baltimore

Karl Conlar

Musician

England

Dr. J. M. Kraft

236 Canton Ave

Section 6. - And be it further enacted, That the Registrar of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall, before the birth, furnish to the parent or person in whose name the child shall be born, a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled up by the Registrar of Health, and shall be filed in the office of the Registrar of Health. And be it further enacted, That the Registrar of Health shall, before the birth, furnish to the parent or person in whose name the child shall be born, a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled up by the Registrar of Health, and shall be filed in the office of the Registrar of Health. And be it further enacted, That the Registrar of Health shall, before the birth, furnish to the parent or person in whose name the child shall be born, a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled up by the Registrar of Health, and shall be filed in the office of the Registrar of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 16, 1883.*

4. Place of Birth, (Street and Number) *74 Chew St.*

5. Full Name of Mother, *Sophia A. Cross.*

6. Mother's Maiden Name, *Sophia A. Matthews.*

7. Mother's Birthplace, *England.*

8. Full Name of Father, *William H. Cross.*

9. Father's Occupation, *Deputy Warden Balt. City Jail*

10. Father's Birthplace, *Maryland.*

Name of Medical Attendant, or other Person who makes this Return *J. W. Honeck M.D.*

Address, *75 E. Balt. St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16082

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *Sunday 16th*
 4. Place of Birth (Street and Number) *89 N. W. Amity St.*
 5. Full Name of Mother *Mary F. Taylor*
 6. Mother's Maiden Name *Mary F. Miles*
 7. Mother's Birthplace *Sumner Set County. U. S.*
 8. Full Name of Father *William Taylor*
 9. Father's Occupation *Labery*
 10. Father's Birthplace *Louden County. U. S.*
 Name of Medical Attendant, or other Person who makes this return *Mrs Margaret Galsberry*
 Address *18 Calton St.*
 Remarks *the child of good appearance*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Ho 85

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Sept 16/83
 4. Place of Birth (Street and Number) Mount St. M. Bakers
 5. Full Name of Mother Ida Tucker
 6. Mother's Maiden Name Ida Wylie
 7. Mother's Birthplace Virginia
 8. Full Name of Father Frank Tucker
 9. Father's Occupation _____
 10. Father's Birthplace Balti
 Name of Medical Attendant, or other Person who makes this Return. A. C. Pole
 Address No 1, North St.
 Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th

Male

Black

Sept 16/03

23 Vincent st.

Martha Corbin

Martha Braxton

E. Virginia

Arthur Corbin

E. Virginia

At the

no 1 north st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66087

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Flarance Field

1. Sex (state whether Male or Female)

John Rabets

2. Race or Color (if not of the white race)

Calan.

3. Date of Birth

16.

4. Place of Birth (Street and Number)

13 Jasper st

M. I.

5. Full Name of Mother

6. Mother's Maiden Name

Flarance Field

7. Mother's Birthplace

8. Full Name of Father

John Rabets

9. Father's Occupation

Minster.

10. Father's Birthplace

N. A.

Name of Medical Attendant,

or other Person who makes this Return.

Serodduall.

Address

9. Jasper st.

Remarks

the had. a fall.

[illegible]

6601

5 Dec 1917

- SEP 12 1883

H. B. FLETCHER & CO., CIVIL ENGINEERS AND ARCHITECTS.

[illegible]

111
6689

7.

Male

SEP
19 2
1283

16 Sept.

15-Somerset street

Minnie Hartmann

Baldwin

German

Henry W. Stemann.

Tailor.

Germany

Sarah Casper

72. E. Lombard street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66091

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 of September 1883*
4. Place of Birth, (Street and Number) *No. 9 Haymans, Alley*
5. Full Name of Mother, *Mary Berac*
6. Mother's Maiden Name, *Mary Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Kesse*
9. Father's Occupation, *Labord*
10. Father's Birthplace, *Pennsylvania*
Name of Medical Attendant, or other Person who makes this Return *Salina Greenhalgh*
Address, *No 125 West St*
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66091

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 16th 1893

4. Place of Birth (Street and Number)

219 Battery

5. Full Name of Mother

Kate Roan

6. Mother's Maiden Name

Kate Lawless

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Roan

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Oct Cooke M.D.

Address

110 Fort St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Sept. 16th

4. Place of Birth, (Street and Number)

674 Gough st.

5. Full Name of Mother.

Lidia Nero

6. Mother's Maiden Name.

Crist

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John New

9. Father's Occupation.

Salesman

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

A. B. Buddenjohn M.D.

Address,

166 S. Paca st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16093

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) White Male,
2. Race or Color, (if not of the white race) White
3. Date of Birth September 18th 1883,
4. Place of Birth, (Street and Number) 44 Leonard St.
5. Full Name of Mother Agnes A. Leighton,
6. Mother's Maiden Name Agnes A. Leighton,
7. Mother's Birthplace Brooklyn,
8. Full Name of Father George W. Leighton,
9. Father's Occupation Artist,
10. Father's Birthplace New York,

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Morris M.
5 Franklin St.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
19
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth 16th September 1883
4. Place of Birth, (Street and Number) 27 Woodson Street
5. Full Name of Mother Caroline Smith
6. Mother's Maiden Name Caroline Sedgwick
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Smith
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Carroll
- Address No 7 Patterson Avenue
- Remarks _____

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be the exact registrar of such birth, and shall enter the name on a blank schedule to be furnished by the Commission-
er of Health, and shall, within the month, and shall not forth, as far as the same can be ascertained, the full name of each child, at
any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and
piece of its birth, and the said schedule shall be delivered, duly signed by the recorder, in the form of a
birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or
should no other person be in at a residence upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1883
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Little Girl*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *September 16th 1883*
4. Place of Birth, (Street and Number) *No. 4 Cherry and facade*
5. Full Name of Mother *Lisette Eichner (Lizzie House Eigner)*
6. Mother's Maiden Name, *Lisette (Lizzie) House*
7. Mother's Birthplace, *Born in Baltimore*
8. Full Name of Father, *George (Eigner) Eichner*
9. Father's Occupation, *Working in Packing House*
10. Father's Birthplace, *in Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Keller*
Address, *No. 1017 Pratt St*
Remarks, *Full name of child - Helen Josephine Eichner*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 16th 1883

4. Place of Birth, (Street and Number)

No. 46 S. Exeter St.

5. Full Name of Mother,

Mary A. Brown

6. Mother's Maiden Name,

Mary A. Hoby

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Charles Brown

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Williams

Address,

No. 95 Allemanale St.

Remarks,

(City)

11
1509

SEP 21 1903

3rd child
C. Hale

Chale

Sept 16th 1883
No 372 Cedar St

Sept 16th 1883

No 372. *Quercus* st.

Amelia M. M. M.

Pfeizer

American

John Hunt

A. Garb. Baker

America

who
rn
p. Lohmann midwife
330 Phannest.

1330 Kanawha R.

[illegible]

66100

SEP
1953

112

Ferrule

White

September 16 1893.

S. Charles 1st 696.

Bosina Mengert

Rosina Wächler

German

Conrad Hucker

Sabender

Germany

or other Person who
makes this Return

Catherine Thorne

Box 18 Byrd st

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist in, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

66101

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 16 1893

4. Place of Birth, (Street and Number)

107 W. 1st St.

5. Full Name of Mother,

Josephine Johnson

6. Mother's Maiden Name,

Josephine Smith

7. Mother's Birthplace,

Easton, Md.

8. Full Name of Father,

George Johnson

9. Father's Occupation,

Lab.

10. Father's Birthplace,

Ind. River Ind.

Name of Medical Attendant, or other Person who makes this Return

Henry Morgan

Address,

11 N. C. Canal St.

Remarks,

B. MET A 101-111 TWENTY AND STATIONERS

of Baltimore, under whose charge or superintendence a birth shall hereafter occur, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and month of its birth, the name and occupation of its mother, the name and occupation of its father, the name and occupation of its physician, or of a practitioner of midwifery, or of any other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall be in attendance upon the mother, to sign and file the same, within the period above required, except in the case of the births and deaths of illegitimate children, and subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, September 17/83

4. Place of Birth, (Street and Number) 69 Baus St

5. Full Name of Mother, Henrietta Mapington

6. Mother's Maiden Name, Gilbert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Mapington

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louisa Kraft

Address, 236 Calverton

Remarks, _____

10101
2
1883

SECTION 6. - In any case of marriage or supererogation a birth shall be registered, and the exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Comma-
 minor of Health. This schedule shall contain a list of the births which have occurred under his or her care
 during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its
 sex, race or color, date of birth, and the name of the physician, midwife, or other person who attended
 the birth, and the date of its birth, and the date of its registration. The schedule shall be signed by the
 physician, midwife, or other person who attended the birth, and shall be filed in the office of the
 Commissioner of Health, between the first and third day of each and every month, in the form of a
 certificate, between the first and third day of each and every month, in the form of a certificate, in case the
 birth of any child shall occur without the attendance of a physician, midwife, or other person, and
 the name of the person who attended the birth, and the date of its birth, and the date of its registration,
 shall be entered in the schedule, and the schedule shall be signed by the person who attended the birth,
 within the period above required, except in the cases of the deaths of illegitimate children, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1861

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Colored child

3. Date of Birth. Sept. 17, 1883

4. Place of Birth, (Street and Number) 1022 Water St

5. Full Name of Mother, Lucie COT

6. Mother's Maiden Name, Laura Gray

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas COT

9. Father's Occupation, Miner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary C. Jones

Address, 1017 Water St

Remarks,

RETURN OF A BIRTH *H107*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored race

3. Date of Birth,

September 15th 1889

4. Place of Birth, (Street and Number)

87 Durham Street

5. Full Name of Mother,

6. Maiden Name,

Marah Robinson

7. Mother's Birthplace,

Eastern Shore Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Suicide Woolf rd 120 N Regulus st

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) M.

2. Race or Color (if not of the white race) _____

3. Date of Birth 17 Sept: 1883

4. Place of Birth (Street and Number) No 124 St. Pauls.

5. Full Name of Mother Annie Hough Pae

6. Mother's Maiden Name Annie Pae

7. Mother's Birthplace Balti.

8. Full Name of Father Jno. P. Pae

9. Father's Occupation Lawyer

10. Father's Birthplace Balti.

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnson M.D.

Address _____

Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3rd Child

Male
White

Sept 23rd 1883

10, Enoch St. East of Baltimore

Leanie Lyuse

Leanie Hofmann

Baltimore City

August Lyuse

Confectioner

Baltimore City

Mrs Dumbler

60 No. Schroeder St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

September 17th - 1885

4. Place of Birth, (Street and Number)

456 N Pratt st

5. Full Name of Mother,

Elisabeth East

6. Mother's Maiden Name,

Elisabeth Kutschewski

7. Mother's Birthplace,

Barany, Germany

8. Full Name of Father,

John East

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Apsfeld, Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Smith

Address,

No 10 Duane St.

Remarks,

SECTION 4.—And be it further enacted and ordained, That every person who shall be the father or mother of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in the book provided for that purpose, and shall file the same in the office of the Registrar of Vital Statistics, Baltimore City, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be received by the Registrar of Vital Statistics, Baltimore City, and every person who shall be the father or mother of a birth of any child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *17th of September*

4. Place of Birth, (Street and Number) *192 Madeira (Ct.)*

5. Full Name of Mother, *Pauline Hartmann*

6. Mother's Maiden Name, *Karr*

7. Mother's Birthplace, *Weinigen (Sachse)*

8. Full Name of Father, *Franz Hartmann*

9. Father's Occupation, *Police*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *J. Behnken*

Address, *Widwife*

54 Essex St.

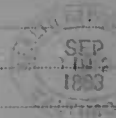
Remarks,

SECTION 6.—And be it further enacted, That every person who shall be present at the birth of a child, shall be liable to be summoned by the Comptroller of Baltimore, under these charges, to appear before him, and to give evidence in relation to the birth of such child, and to be sworn to the truth of the same, and to be punished for any violation of the provisions of this section. And be it further enacted, That every person who shall be present at the birth of a child, shall be liable to be summoned by the Comptroller of Baltimore, under these charges, to appear before him, and to give evidence in relation to the birth of such child, and to be sworn to the truth of the same, and to be punished for any violation of the provisions of this section. And be it further enacted, That every person who shall be present at the birth of a child, shall be liable to be summoned by the Comptroller of Baltimore, under these charges, to appear before him, and to give evidence in relation to the birth of such child, and to be sworn to the truth of the same, and to be punished for any violation of the provisions of this section.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 17, 1883*
4. Place of Birth, (Street and Number) *Lancaster St. No. 90*
5. Full Name of Mother, *Caroline Jungling*
6. Mother's Maiden Name, *Caroline Verschoiff*
7. Mother's Birthplace, *Balt^{ic} City*
8. Full Name of Father, *Heinrich Jungling*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt^{ic} City*
- Name of Medical Attendant, or other Person who makes this Return, *Harry E. Muller*
- Address, *N. Dallas St. No. 26*
- Remarks,



RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) .

2. Race or Color, (if not of the white race) ...

3. *Date of Birth*,...4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 17th 1883*
4. Place of Birth (Street and Number) *Montgomery St 201. Baltimore*
5. Full Name of Mother *Emma J. Hoffman*
6. Mother's Maiden Name *Harrison*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Hoffman*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Missouri*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Elizabeth Scarborough*
- Address *220 Montgomery Balti.*
- Remarks

"That any physician, apothecary, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 66115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
21
1888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2)

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sept-17-1888*
4. Place of Birth, (Street and Number) *68 Lane Street*
5. Full Name of Mother, *Jane Allen*
6. Mother's Maiden Name, *Dorchester County Md*
7. Mother's Birthplace, *Dorchester County Md*
8. Full Name of Father, *Charles Allen*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Fortress Monroe Virginia*

Name of Medical Attendant, or other Person who makes this Return

Deborah Throckm

Address,

71 Burgundy Alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male - ANDREW JOSEPH NUGENT
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18th 1883
4. Place of Birth, (Street and Number) 601 Camden Street
5. Full Name of Mother, Mary A. Nugent
6. Mother's Maiden Name, Mary A. Guymon
7. Mother's Birthplace, Iowa, U.S.
8. Full Name of Father, Andrew J. Nugent
9. Father's Occupation, News Dealer
10. Father's Birthplace, Cohoes New York
- Name of Medical Attendant, or other Person who makes this Return Dr. J. W. Miller
- Address, 181 Madison St.
- Remarks, _____

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
1
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *18th Sept 83*
4. Place of Birth, (Street and Number) *4 North St*
5. Full Name of Mother, *Henrietta Perry*
6. Mother's Maiden Name, *A. Somerville*
7. Mother's Birthplace, *Balta Md*
8. Full Name of Father, *W. Perry*
9. Father's Occupation, *Marshall (Stall)*
10. Father's Birthplace, *Adams Md*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. Linn Connelley*
- Address, *314 Bay St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 2 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Indian

3. Date of Birth, 11. 11.

4. Place of Birth, (Street and Number) Gen. Jackson and Fayette st

5. Full Name of Mother, Elizabeth Ann Ford

6. Mother's Maiden Name, Leah

7. Mother's Birthplace, *Holbrook* & *near by*

8. Full Name of Father. Henry G. 1858

9. Father's Occupation, *Speaker*

10. *Father's Birthplace, ...* *Andover* *Mass*

Name of Medical Attendant, or other Person who makes this Return *H. J. G. ...*

Address, .. 30 "Holloway" 1111

Remarks, *Low water at 11.45 a.m.*

of Baltimore, master of such carriage, shall be furnished by two Comrades of the same order, with a certificate of health, and shall be accompanied by a driver of health. This certificate shall contain a list of the Upright who have received under his care, and shall be countersigned by the Upright who shall be in charge of the carriage. The name of the carriage, and the name of the driver, shall be written on the side of the carriage, and shall be countersigned by the Upright who shall be in charge of the carriage. The carriage shall be kept in good repair, and shall be used only for the purpose of conveying the Upright to the place of their birth, and the said certificate shall be delivered, duly signed by the Upright, to the Upright who shall be in charge of the carriage. It is the duty of the Upright who shall be in charge of the carriage, to see that the carriage is kept in good repair, and that the driver is of good character, and that the carriage is used only for the purpose of conveying the Upright to the place of their birth, and the said certificate shall be delivered, duly signed by the Upright, to the Upright who shall be in charge of the carriage. It is the duty of the Upright who shall be in charge of the carriage, to see that the carriage is kept in good repair, and that the driver is of good character, and that the carriage is used only for the purpose of conveying the Upright to the place of their birth, and the said certificate shall be delivered, duly signed by the Upright, to the Upright who shall be in charge of the carriage.

exact register of all births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the date and hour of its birth, and the name of the physician, or of a practitioner of midwifery, or of any other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 18, 1883

4. Place of Birth, (Street and Number)

1418. Funchase St.
Rosa Martin

5. Full Name of Mother,

6. Mother's Maiden Name,

Rodgers

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Geo. D. Martin

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Henry V. Allwell

Address, 286 W. Long St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

OVER NAME ADDED 7-28-35
RETURN OF A BIRTH.

16122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
25
1883

Fernand Bonnotte

No. of Child of Mother (state whether ~~first~~, 3d, etc)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 18th 1883

4. Place of Birth (Street and Number) 75 Franklin St

5. Full Name of Mother Marie Josephine Loren Bonnotte

6. Mother's Maiden Name Loren

7. Mother's Birthplace France

8. Full Name of Father Ferdinand Auguste Bonnotte

9. Father's Occupation Teacher of the French Language

10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return. Jas. G. Jay M.D.

Address 75 Franklin St

Remarks

Give any physician, accoucheur, midwife, or other person who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 18th '83

4. Place of Birth, (Street and Number)

16 Hopkins Ave

5. Full Name of Mother,

Mrs. Maudley

6. Mother's Maiden Name,

Mrs. Sanders

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

B. T. M. Maudley

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

A. M. Simmons

Address,

558 N. Fayette St.

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

104
10
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White
Sept. 14, 1883

3. Date of Birth.

4. Place of Birth. (Street and Number)

S. Green st

5. Full Name of Mother.

Mary A. Hippler
Russell

6. Mother's Maiden Name.

7. Mother's Birthplace.

Balt

8. Full Name of Father.

John Hippler

9. Father's Occupation.

Goldsmith

10. Father's Birthplace.

Balt.

Name of Medical Attendant, or other Person who makes this Return

John Hood

Address,

322 Hollins st

Remarks,

Imm. Babe - delivered with

forceps

"That any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 18.

4. Place of Birth, (Street and Number)

88 S. Broadway

5. Full Name of Mother,

Johanna Doetsch

6. Mother's Maiden Name,

Johanna Pohl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis J. Doetsch

9. Father's Occupation,

Litho. printer

10. Father's Birthplace

Stadt-Kemnath Bavaria

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d (Second)*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Sep 18th

4. Place of Birth, (Street and Number)

No 65 Ramsey St.

5. Full Name of Mother,

Mrs Stephen H Fowler

6. Mother's Maiden Name,

" " Rethman

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Louis A Fowler

9. Father's Occupation,

Brieflayer

10. Father's Birthplace,

Stafford Conn

Name of Medical Attendant, or other Person who makes this Return

James L. Smith

Address,

St. Paul St

Remarks,

"That any physician, seconductor, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male ☒
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 18. 1883
4. Place of Birth, (Street and Number) 113 Mulberry Street
5. Full Name of Mother, Mary Nooney
6. Mother's Maiden Name, Lynch
7. Mother's Birthplace, Balt County
8. Full Name of Father, John Nooney
9. Father's Occupation, Baker
10. Father's Birthplace, Ireland
- Name of Medical Attendant, ⁱ or other Person who makes this Return Maybun Brewer M.D.
- Address, 88 McCulloh Street
- Remarks.

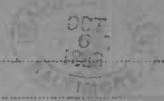
OCT
6
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 19, 1883
4. Place of Birth, (Street and Number) Penn Avenue
5. Full Name of Mother, Elizabeth Stonewifer
6. Mother's Maiden Name, Wicks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Stonewifer
9. Father's Occupation, Brickman
10. Father's Birthplace, _____
- Name of Medical Attendant, W. H. Brown M.D.
or other Person who makes this Return 68 W. Calhoun
- Address, _____
- Remarks, _____

77-29

72nd

Male

White

Sept 18/83

d Number) 199 Conway

Adrian R. Gracey

u c Provin

City

Mr Tracy

City
Mr. R. Blake
158, 17th St.

Mr. A. Blake
158, Pacific St.

Mr. A. Blake
158. Spaced

108. Spacash

108. Spacash

W. B. PIERCE & CO., CIVIL ENGINEERS AND ARCHITECTS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1613A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Sept. 18. 1883*
4. Place of Birth (Street and Number) *# 371 Cathedral St.*
5. Full Name of Mother *Mary Godder.*
6. Mother's Maiden Name *Mary Hopkins.*
7. Mother's Birthplace *Ireland.*
8. Full Name of Father *Joseph Godder.*
9. Father's Occupation *Laborer.*
10. Father's Birthplace *England.*
- Name of Medical Attendant, or other Person who makes this Return. *James Brown M.D.*
- Address *#51 W. John St.*
- Remarks *Mother, child doing well.*

of Baltimore, under whose charge is superintendence a birth shall occur, or which takes place in the city of Baltimore, shall be required to file a return of the birth of the child, and to file a return of the death of the child, in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the following schedule. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its date of birth, its race or color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, midwife, or other person who attended the birth, and the name of the person who attended the death. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the birth shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the parent or other person who attended the birth, and the Registrar of Vital Statistics, Board of Health, Baltimore City, shall require the parent or other person to file a return of the birth of the child, and to file a return of the death of the child, within the time specified in the following schedule. In case the parent or other person who attended the birth of the child, or the parent or other person who attended the death of the child, shall fail to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9. Child.*

1. Sex, (state whether male or female) *Little Girl*

2. Race or Color, (if not of the white race) *Wit. race*

3. Date of Birth, *September. 18. 1883*

4. Place of Birth, (Street and Number) *in Baltimore. 864 Wm. Pratt. st*

5. Full Name of Mother, *Parrata. Kolba*

6. Mother's Maiden Name, *Parrata. Kuecher*

7. Mother's Birthplace, *in Penn German Prussian*

8. Full Name of Father, *Mrs. Kolba*

9. Father's Occupation, *Shoe. Maker*

10. Father's Birthplace, *in Penn German Prussian*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Miller*

Address, *No 1017 Pratt. st*

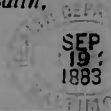
Remarks, *city*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66132

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 18. 1883

4. Place of Birth (Street and Number)

62 Wm. Meek St

5. Full Name of Mother

Sarah E. Donohue

6. Mother's Maiden Name

" " Watson

7. Mother's Birthplace

Texas

8. Full Name of Father

Geo. J. Donohue

9. Father's Occupation

Grocer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. J. Insley M.D.

Address

386 N. Hill Ave

Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

H/133

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 18 1885

4. Place of Birth, (Street and Number)

350 W. Williams St

5. Full Name of Mother,

Emma M. Reinig

6. Mother's Maiden Name,

Emma M. Price

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter J. Price

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

SEP
20
1885

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

SEP
20
33

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 18th 1883

4. Place of Birth, (Street and Number)

#3 Garrett St

5. Full Name of Mother.

Loretta Greasick

6. Mother's Maiden Name.

Loretta Pae

7. Mother's Birthplace,

Darmstadt Germany

8. Full Name of Father,

Gregory Greasick

9. Father's Occupation,

Teacher in the City

10. Father's Birthplace.

Lussingföden Austria

Name of Medical Attendant, or other Person who makes this Return

John King Gaberman

Address,

1128 E. Lombard St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall certify to the same, and shall also certify to the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate of birth, to the nearest police officer, or to the nearest physician, or to the nearest midwife, or to the nearest person who shall be designated by the Commissioner of Health, in the manner, and within the time, and under the penalty, which shall be prescribed by the Commissioner of Health, and shall be subject to a fine of ten dollars for each offense, to be recovered on other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 18th 1883

4. Place of Birth, (Street and Number)

No. 152 Hamburg St

5. Full Name of Mother,

Margarith Schmitt

6. Mother's Maiden Name,

Beker

7. Mother's Birthplace,

America

8. Full Name of Father,

Eckhardt Schmitt

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in any way connected with the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66126

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored dark*

3. Date of Birth, *September 18*

4. Place of Birth, (Street and Number) *Arch st 51*

5. Full Name of Mother,

6. Mother's Maiden Name, *Sardak Dowl*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Doctor Harriet Hemmerson*

Address, *Arch st 25 Baltimore*

Remarks, *CPD*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

RETURN OF A BIRTH

16257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 18th 1883

4. Place of Birth, (Street and Number)

825 F. Little Broadway Baltimore

5. Full Name of Mother,

Louise Ellen Jackson

6. Mother's Maiden Name,

Louise Ellen Jones

7. Mother's Birthplace,

Eastern Shore Talbot Co

8. Full Name of Father,

George Edward Jackson

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Morgan

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

66135

SEP
22
1893

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 18th September

4. Place of Birth (Street and Number) Baltimore 351 E. Monument St.

5. Full Name of Mother Mary C. Birch

6. Mother's Maiden Name Connor.

7. Mother's Birthplace Frederick.

8. Full Name of Father Joseph Birch

9. Father's Occupation Coach Maker

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return Lydia A. Connor

Address 396 E. Madison St.

Remarks In good health and perfect in every respect

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

16139

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
4
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 19, 83

4. Place of Birth, (Street and Number)

12 Schuppel St. No 81

5. Full Name of Mother,

Anna Lingner

6. Mother's Maiden Name,

Lany

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Johann Lingner

9. Father's Occupation,

Lab. man

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Joh. Kramlich

Address,

111 1/2 W. 211

Remarks,

76, 70

155

Female.

Sept 19th 1853

Sept 19th 1853

Number) 392 Orleans St

Anna Schmidt

11 ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~ ~~101~~ ~~102~~ ~~103~~ ~~104~~ ~~105~~ ~~106~~ ~~107~~ ~~108~~ ~~109~~ ~~110~~ ~~111~~ ~~112~~ ~~113~~ ~~114~~ ~~115~~ ~~116~~ ~~117~~ ~~118~~ ~~119~~ ~~120~~ ~~121~~ ~~122~~ ~~123~~ ~~124~~ ~~125~~ ~~126~~ ~~127~~ ~~128~~ ~~129~~ ~~130~~ ~~131~~ ~~132~~ ~~133~~ ~~134~~ ~~135~~ ~~136~~ ~~137~~ ~~138~~ ~~139~~ ~~140~~ ~~141~~ ~~142~~ ~~143~~ ~~144~~ ~~145~~ ~~146~~ ~~147~~ ~~148~~ ~~149~~ ~~150~~ ~~151~~ ~~152~~ ~~153~~ ~~154~~ ~~155~~ ~~156~~ ~~157~~ ~~158~~ ~~159~~ ~~160~~ ~~161~~ ~~162~~ ~~163~~ ~~164~~ ~~165~~ ~~166~~ ~~167~~ ~~168~~ ~~169~~ ~~170~~ ~~171~~ ~~172~~ ~~173~~ ~~174~~ ~~175~~ ~~176~~ ~~177~~ ~~178~~ ~~179~~ ~~180~~ ~~181~~ ~~182~~ ~~183~~ ~~184~~ ~~185~~ ~~186~~ ~~187~~ ~~188~~ ~~189~~ ~~190~~ ~~191~~ ~~192~~ ~~193~~ ~~194~~ ~~195~~ ~~196~~ ~~197~~ ~~198~~ ~~199~~ ~~200~~ ~~201~~ ~~202~~ ~~203~~ ~~204~~ ~~205~~ ~~206~~ ~~207~~ ~~208~~ ~~209~~ ~~210~~ ~~211~~ ~~212~~ ~~213~~ ~~214~~ ~~215~~ ~~216~~ ~~217~~ ~~218~~ ~~219~~ ~~220~~ ~~221~~ ~~222~~ ~~223~~ ~~224~~ ~~225~~ ~~226~~ ~~227~~ ~~228~~ ~~229~~ ~~230~~ ~~231~~ ~~232~~ ~~233~~ ~~234~~ ~~235~~ ~~236~~ ~~237~~ ~~238~~ ~~239~~ ~~240~~ ~~241~~ ~~242~~ ~~243~~ ~~244~~ ~~245~~ ~~246~~ ~~247~~ ~~248~~ ~~249~~ ~~250~~ ~~251~~ ~~252~~ ~~253~~ ~~254~~ ~~255~~ ~~256~~ ~~257~~ ~~258~~ ~~259~~ ~~260~~ ~~261~~ ~~262~~ ~~263~~ ~~264~~ ~~265~~ ~~266~~ ~~267~~ ~~268~~ ~~269~~ ~~270~~ ~~271~~ ~~272~~ ~~273~~ ~~274~~ ~~275~~ ~~276~~ ~~277~~ ~~278~~ ~~279~~ ~~280~~ ~~281~~ ~~282~~ ~~283~~ ~~284~~ ~~285~~ ~~286~~ ~~287~~ ~~288~~ ~~289~~ ~~290~~ ~~291~~ ~~292~~ ~~293~~ ~~294~~ ~~295~~ ~~296~~ ~~297~~ ~~298~~ ~~299~~ ~~300~~ ~~301~~ ~~302~~ ~~303~~ ~~304~~ ~~305~~ ~~306~~ ~~307~~ ~~308~~ ~~309~~ ~~310~~ ~~311~~ ~~312~~ ~~313~~ ~~314~~ ~~315~~ ~~316~~ ~~317~~ ~~318~~ ~~319~~ ~~320~~ ~~321~~ ~~322~~ ~~323~~ ~~324~~ ~~325~~ ~~326~~ ~~327~~ ~~328~~ ~~329~~ ~~330~~ ~~331~~ ~~332~~ ~~333~~ ~~334~~ ~~335~~ ~~336~~ ~~337~~ ~~338~~ ~~339~~ ~~340~~ ~~341~~ ~~342~~ ~~343~~ ~~344~~ ~~345~~ ~~346~~ ~~347~~ ~~348~~ ~~349~~ ~~350~~ ~~351~~ ~~352~~ ~~353~~ ~~354~~ ~~355~~ ~~356~~ ~~357~~ ~~358~~ ~~359~~ ~~360~~ ~~361~~ ~~362~~ ~~363~~ ~~364~~ ~~365~~ ~~366~~ ~~367~~ ~~368~~ ~~369~~ ~~370~~ ~~371~~ ~~372~~ ~~373~~ ~~374~~ ~~375~~ ~~376~~ ~~377~~ ~~378~~ ~~379~~ ~~380~~ ~~381~~ ~~382~~ ~~383~~ ~~384~~ ~~385~~ ~~386~~ ~~387~~ ~~388~~ ~~389~~ ~~390~~ ~~391~~ ~~392~~ ~~393~~ ~~394~~ ~~395~~ ~~396~~ ~~397~~ ~~398~~ ~~399~~ ~~400~~ ~~401~~ ~~402~~ ~~403~~ ~~404~~ ~~405~~ ~~406~~ ~~407~~ ~~408~~ ~~409~~ ~~410~~ ~~411~~ ~~412~~ ~~413~~ ~~414~~ ~~415~~ ~~416~~ ~~417~~ ~~418~~ ~~419~~ ~~420~~ ~~421~~ ~~422~~ ~~423~~ ~~424~~ ~~425~~ ~~426~~ ~~427~~ ~~428~~ ~~429~~ ~~430~~ ~~431~~ ~~432~~ ~~433~~ ~~434~~ ~~435~~ ~~436~~ ~~437~~ ~~438~~ ~~439~~ ~~440~~ ~~441~~ ~~442~~ ~~443~~ ~~444~~ ~~445~~ ~~446~~ ~~447~~ ~~448~~ ~~449~~ ~~450~~ ~~451~~ ~~452~~ ~~453~~ ~~454~~ ~~455~~ ~~456~~ ~~457~~ ~~458~~ ~~459~~ ~~460~~ ~~461~~ ~~462~~ ~~463~~ ~~464~~ ~~465~~ ~~466~~ ~~467~~ ~~468~~ ~~469~~ ~~470~~ ~~471~~ ~~472~~ ~~473~~ ~~474~~ ~~475~~ ~~4~~

City

Charles Schmidt

Baker

Germany

or other Person who
makes this Return

Mrs Elizabeth Beld

120 Bank

126. Daren

WILLIAM A. HILL & SONS, TYPE PRINTERS AND STATIONERS.

"That any physician, accouchant, midwife, or other person, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 17 1853

4. Place of Birth, (Street and Number)

96 S. Bethel St.

5. Full Name of Mother,

Friederike Redmann

6. Mother's Maiden Name,

Haugling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Edward Redmann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Ann

Address,

161 S. Bethel

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 19, 1883

4. Place of Birth, (Street and Number)

234 N. Broadway

5. Full Name of Mother

Mary J. Taylor

6. Mother's Maiden Name,

McGill

7. Mother's Birthplace,

Washington, D. C.

8. Full Name of Father,

Geo. J. Taylor, M.D.

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

G. J. Taylor, M.D.

Address,

234 N. Broadway

Remarks,

shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

and register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Birth. This schedule shall contain a list of the birth which has occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parent, the day and hour of its birth, the place of its birth, the names of the witnesses, the names of the physician, the names of the midwife, or other person who shall be present at the birth, and the names of the persons who shall be present at the birth of any child shall occur without the attendance of a physician, or of a midwife, or other person who should no other person be in at a delivery when the mother, immediately thereafter, it shall then become the duty of the Registrar to report its birth to the Board of Health, in the manner, and at the time, and to the persons, who shall hereafter fall to comply with the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 181 N. Tenth St.

Remarks,

Mary A. W. W. W.

66144
f Health,

Health,

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist to or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether all-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (Male - ~~female~~)
2. Race or Color, (not of the white race)
3. Date of Birth, Sept 19 1883
4. Place of Birth, (Street and Number) 27 Fairmount Ave
5. Full Name of Mother, Elizabeth Smith
6. Mother's Maiden Name, " Bradley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Smith
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Alfred Sherkner MD
11 S. 1st St. - 14

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 2, 1914*

4. Place of Birth, (Street and Number) *H. List St. (no number)*

5. Full Name of Mother *Mary J. Milste*

6. Mother's Maiden Name, *" " Kerner*

7. Mother's Birthplace, *Philadelphia, Pa.*

8. Full Name of Father, *Charles Milste*

9. Father's Occupation, *Carpenter + Builder*

10. Father's Birthplace, *Schneitewich - Prussia*

Name of Medical Attendant, or other Person who makes this Return *Geo. H. Taylor, M.D.*

Address, *# 234 N. Broadway*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
25
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ch.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sep 19th.
4. Place of Birth, (Street and Number) 34 Pine St.
5. Full Name of Mother, Margaret Lauer.
6. Mother's Maiden Name, " Lieb.
7. Mother's Birthplace, Balt.
8. Full Name of Father, George Lauer.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Dr. Morgan.
- Address, 119 N. Monument St.
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

SEP
25
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 18, 1883

4. Place of Birth, (Street and Number)

No. 87, W. Eldredg Street

5. Full Name of Mother,

Rebecca Lucas

6. Mother's Maiden Name,

Rich. Mond County Va

7. Mother's Birthplace,

Rich. Mond County Va

8. Full Name of Father,

Wm. H. Lucas

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Richmond County Va

Name of Medical Attendant,

or other Person who makes this Return

Amey Jenkins

Address,

No. 122, North Dulles Street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at the time of its birth, the date of its birth, the place of its birth, and the sex of the child. The said schedule shall be delivered, duly signed by the practitioner in the force of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the said schedule shall be delivered, duly signed by the person who attended the birth, to the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 19th 1883

4. Place of Birth, (Street and Number)

No 132 West st.

5. Full Name of Mother,

Johanna Wehn

6. Mother's Maiden Name,

Friehling

7. Mother's Birthplace,

America

8. Full Name of Father,

John Wehn

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. Schaeffer midwife

Address,

330 W. Market st.

Remarks,

FACTORY. In the event of a birth, the person in charge of the establishment shall keep a true and correct record of the same, and shall enter the name on a blank schedule to be furnished by the Registrar of Health. This schedule shall be filled out as far as the same can be ascertained, the full name of such child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the midwife, in the form of a certificate, between the first and third day after the birth, to the Registrar of Health, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, and the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 19 1883

4. Place of Birth, (Street and Number) 92 S. Eden

5. Full Name of Mother, Maria Hargrave

6. Mother's Maiden Name, Jeremiah

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William M. Hargrave

9. Father's Occupation, Minister

10. Father's Birthplace, Leesington N. C.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. E. H. C.

Address, 147 S. E. 1st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 66150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth Sept. 19th 1883

4. Place of Birth, (Street and Number) 189 - Preston St

5. Full Name of Mother Lily Fisher

6. Mother's Maiden Name Fisher

7. Mother's Birthplace Ind

8. Full Name of Father Robert Malt-

9. Father's Occupation 0

10. Father's Birthplace Ind

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Riley

Address 306 Madison Ave

Remarks

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Every Registrar of such birth, who shall maintain a list of the births which have occurred under his jurisdiction, and who shall, at the expiration of each year, forward to the Registrar of Health, a statement of the same, as far as the same can be ascertained, the full name of each child, its sex, color, the date of its birth, and the date of its registration, shall be deemed to have complied with the provisions of this act. Any Registrar who shall fail to do so, or who shall fail to deliver to the Registrar of Health, a true and correct copy of the said statement, shall be deemed to have committed an offense, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *At 8 Tell Street 19 September*
4. Place of Birth, (Street and Number) *8 Tell Street*
5. Full Name of Mother, *Getraud Seifert*
6. Mother's Maiden Name, *Pölsen*
7. Mother's Birthplace, *Emden (Hannover) (Germ.)*
8. Full Name of Father, *Nicolaus Seifert*
9. Father's Occupation, *Boymacher*
10. Father's Birthplace, *Tammen Denmark*
- Name of Medical Attendant, or other Person who makes this Return *G. Behnken Midwife*
- Address, *54 Essex St.*
- Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
25
1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

19th Sept

4. Place of Birth, (Street and Number)

Linden Ave No. 14

5. Full Name of Mother,

Lizzie Johnson

6. Mother's Maiden Name,

Lizzie Fox

7. Mother's Birthplace,

Winchester Va

8. Full Name of Father,

Samuel Johnson

9. Father's Occupation,

Postman

10. Father's Birthplace,

St. Michael Md

Name of Medical Attendant,

or other Person who makes this Return

Annie Johnson

Address,

94 Lyson Street

Remarks,

Doing Well

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 19, 1883

4. Place of Birth, (Street and Number)

154 E. 1st St.

5. Full Name of Mother,

Mary Marks

6. Mother's Maiden Name,

Estlin

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Fred. Marks

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

W. Sheets M.D.

Address,

143 N. E. 1st St.

Remarks,

SECTION 9.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by him or her, before the child is born, and shall fill up the same as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner of midwifery, to the proper authorities, to be kept on file, and without the attendance of a physician, or of a practitioner of midwifery, or any other person he in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above provided, and if they fail to do so, they shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) Wet

3. Date of Birth, 14 September

4. Place of Birth, (Street and Number) Chinn St. No. 26

5. Full Name of Mother, Dorothea Mecklen

6. Mother's Maiden Name, " " Vages

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Allen Mecklen

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Chandler

Address, Commodore Street No. 248

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing the art of midwifery, or otherwise, who shall have or apprehendence a birth, shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be entered in the office of the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name has been conferred; its sex, color, its full name and occupation of its parents, the day and hour of its birth, the day and hour of its death, if it should die, and the cause of death, and the place and date of its burial, or the date of its interment, between the first day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should on other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to cause the same to be entered in the office of the Registrar of Health, and to file the same within the period above required, except in the case of the birth, and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Jentsch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 14, 1883

4. Place of Birth, (Street and Number) E. Biddle St. 1318 E.

5. Full Name of Mother, Auguste Jentsch

6. Mother's Maiden Name, Auguste Müller

7. Mother's Birthplace, Hardegg, N. Prussia, Germany

8. Full Name of Father, Hermann Jentsch

9. Father's Occupation, Licoraria maker

10. Father's Birthplace, Uslar, N. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary E. Miller

Address, 12 Dallas St. 1426

Remarks, _____

Sections 6.-And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter on a blank schedule to be furnished by the Commissioner of Health, the following particulars: To-wit: The date, hour, place, sex, color, and name of the child, the name of the mother, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the name of the practitioner in the form of a certificate, to be signed by the practitioner, or of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the health officer, in the manner, and at the time, and to the place, and to the person, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Male

SEP
121
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 19th 1883

4. Place of Birth, (Street and Number)

No. 338 s. Charles st.

5. Full Name of Mother,

Bertha Stern

6. Mother's Maiden Name,

Stern

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Stern

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

J. Schwaister midwife

Address,

330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 10th 1893

4. Place of Birth, (Street and Number)

Maternity 161 N. Lombard St.

5. Full Name of Mother,

Lucy A. Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

J. P. M. Sutorius M.D.

Name of Medical Attendant, or other Person who makes this Return

Address, 161 N. Lombard

Res. 161 N. Lombard

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

6660

SEP
22
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6-14

C. L. Flower

There is no record

H. C. C. C.

Fluoride

Perlemaur Lochan

Technical matter

Prinsen

May 1862

228 S. Euler St.

.....

JOHN F. FLETCHER & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 19.

4. Place of Birth, (Street and Number) Lenox St. No. 3.

5. Full Name of Mother, Catharine F. H. Wittenmyers.

6. Mother's Maiden Name, Catharine F. H. Meyer.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wittenmyers

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Hanover, Pa.

Name of Medical Attendant, or other Person who makes this Return, Lewis B. Gableman

Address, No 28. N. Smith St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person who shall be present at the birth, and shall be signed by the parent or parents of the child, and shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child shall occur on the last day of a month, the certificate shall be delivered, duly signed, by the practitioner, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Blood

3. Date of Birth,

20 September 1883

4. Place of Birth, (Street and Number)

No 7 Woodward St

5. Full Name of Mother,

Musure Bush

6. Mother's Maiden Name,

Musure Bowles

7. Mother's Birthplace,

Baltimore D. Md

8. Full Name of Father,

Charles Bush

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Wise Co Virginia

Name of Medical Attendant,

or other Person who makes this Return

Mary C. Green

Address,

No 17 Water St

Remarks,

SECTION - In the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births occurring within the city, and shall cause to be transmitted to the Registrar of Vital Statistics, Baltimore City, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, the time of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar to cause to be printed and distributed to the parents, or to the physician, or to the practitioner of midwifery, or to any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 20th

4. Place of Birth, (Street and Number) N. 7th Spring Court

5. Full Name of Mother, Bridget Garman

6. Mother's Maiden Name, Bridget Doyle

7. Mother's Birthplace, Richmond Pa

8. Full Name of Father, Horace C. Garman

9. Father's Occupation, Printer

10. Father's Birthplace, Garrville Pa

Name of Medical Attendant, or other Person who makes this Return Dr. J. M. Mearns

Address, 1 Second Street

Remarks,

66161
OCT 1 1883

of Baltimore, under whose charge or superintendence a birth is made, shall be held responsible for the correctness of the information furnished, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 86165

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 Sept.

4. Place of Birth, (Street and Number) 146 E. N. Ave.

5. Full Name of Mother, Mary O'harry

6. Mother's Maiden Name, H. aise

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James O'harry

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or certify at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex, (state whether male or female) *male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *20 of September*
4. Place of Birth, (Street and Number) *84 Guyane. St*
5. Full Name of Mother, *Kate Staver*
6. Mother's Maiden Name, *Kate Armstrong*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Staver*
9. Father's Occupation, *shipper of grain*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mary L. Swenye*
Address, *59 Guyane Street*
Remarks,

SECTION 6.—And he if further enacted and construed, that every person who shall take place, shall keep a true and correct record of the births, deaths, marriages, divorces, and adoptions, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, and the name of the mother, and shall be signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, or of a practitioner of midwifery, or of any other person in attendance on the mother, and shall be filed in the office of the Registrar of Health, within the period above required, except in the cases of the births, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 20th. /88*

4. Place of Birth, (Street and Number) *462 Bethel St.*

5. Full Name of Mother, *Kate Sudley*

6. Mother's Maiden Name, *Kate Vorden*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Ritchard Sudley*

9. Father's Occupation, *Tobacco Worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. A. Batt*

Address, *No. 185 S.E. on Central av. & Monument St.*

Remarks, *All well*

SECTION 1. The Registrar of Vital Statistics of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births occurring in the city of Baltimore, and shall cause to be made up and filed in his office, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day, month and year of its birth, and the place of its birth, and the first and third day of each and every month, in the case of the birth of any child, shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, if the child then born should die, or if the mother should die, or if the child should be stillborn, or if the child should be born dead, or if the child should be born with any of the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 66119

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, September the 20th
4. Place of Birth, (Street and Number) Baltimore Battery Dr No 92
5. Full Name of Mother, Ida E Butler
6. Mother's Maiden Name, Dubrow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W Butler
9. Father's Occupation, labourer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn
- Address, 274 Williams St
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

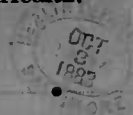
**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, send or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16170

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th of September

4. Place of Birth, (Street and Number)

Columbian Hotel

5. Full Name of Mother,

Mary Lamachy

6. Mother's Maiden Name,

Mary DeWich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Leary Chas. Leary

9. Father's Occupation,

Printer

10. Father's Birthplace,

Highburg, Penna.

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Smith

Address,

1111 N. E. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child - *George Joseph Rossmarck*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 20th 1883 -

4. Place of Birth, (Street and Number)

14 of Montgomery St.

5. Full Name of Mother.

Bertha Rossmarck.

6. Mother's Maiden Name,

" Frickman.

7. Mother's Birthplace,

New York.

8. Full Name of Father,

Fred. Rossmarck.

9. Father's Occupation,

Restaurant,

10. Father's Birthplace.

Balt. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. A. Tall. M.D.

Address,

152 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 20th 1883

4. Place of Birth, (Street and Number)

Oregon S.W. Cor. of Lombard St

5. Full Name of Mother,

Anna Margaretha Schmely

6. Mother's Maiden Name,

A. M. Born

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Schmely

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

J. M. Hildmann M.D. 121 Pearl St

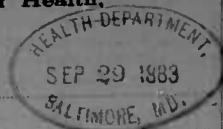
Remarks,

Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Col'd

3. Date of Birth,

Sept. 20th 1883

4. Place of Birth, (Street and Number)

Baltimore Jones County No. 10

5. Full Name of Mother,

Mary Jane Hooper

6. Mother's Maiden Name,

Mary Bailey

7. Mother's Birthplace,

Dorchester County, Md.

8. Full Name of Father,

James R. Bailey

9. Father's Occupation,

Steel Store

10. Father's Birthplace,

Dorchester County, Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. Morgan

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *Sept. 22nd 1883.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, *Sept 20th 1883.*

4. Place of Birth, (Street and Number) *262 Caroline Street*

5. Full Name of Mother, *Carrie Mavor*

6. Mother's Maiden Name, *Carrie Kurtz*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Henry Mavor*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend*

Address, *187 South Hope Street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 20th

4. Place of Birth, (Street and Number)

191 Columbia av.

5. Full Name of Mother,

Sophia Lenderking

6. Mother's Maiden Name,

" Stieg

7. Mother's Birthplace,

New York

8. Full Name of Father,

Philip Lenderking

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. A. Buddenbagen M.D.

Address,

16 E. D. D. St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

16176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
September 20th 1883
20 Barrett St
Laura Hentermesch
Laura Hooks
Baltimore
Edward B Hentermesch
Box maker
Baltimore
Charlotte Goldborough.
89 Moores Alley

That any Physician, accoucheur, midwife, or other Person who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66177

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Male

1. Sex, (state whether male or female)

Colored

2. Race or Color, (if not of the white race)

Sept 20th 1882

3. Date of Birth,

53 Orchard St

4. Place of Birth, (Street and Number)

Caroline Desnick

5. Full Name of Mother,

Caroline Johnson

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Charles Johnson

8. Full Name of Father,

Waiter

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Charlotte Goldborough

Name of Medical Attendant, or other Person who makes this Return.

89 Moores Alley

Address,

Remarks,

66178

No. of Child of Mother, (state when 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Girl child

3. Date of Birth, September the 20.

5. Full Name of Mother, Mrs. Mary M. M. M.

7. Mother's Birthplace, ... *Calton county*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return *doctors G. S. & J. P. Thompson*

Address, 65 Green St. Boston, Mass.

Remarks, _____

© SULIST & CO., CITY PRINTERS AND STATIONERS

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall file a copy of this and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file a copy of the same with a list of the births which have occurred under his or her care during the month, and shall set forth, as far as may be ascertained, the name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of the mother, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or in the case of a midwife, or should to other person be in at instance upon the mother, immediately thereafter, to the Commissioner of Health, in case the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sep-20-1883

4. Place of Birth, (Street and Number) 26 Rosephine St

5. Full Name of Mother, Marie Bowley

6. Mother's Maiden Name, Marie Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Bowley

9. Father's Occupation, Laborer

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

Address, 28 Joseph St

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 66180

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
22
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 20 1883

4. Place of Birth, (Street and Number)

126 Johnson St
Mary Chambers

5. Full Name of Mother,

Mary Freyenstein

6. Mother's Maiden Name,

Baker Mills County Md

7. Mother's Birthplace,

8. Full Name of Father,

Charles Chambers

9. Father's Occupation,

Eng boat Captain

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 66181

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth 21 September
4. Place of Birth, (Street and Number) 511 N. Monument St
5. Full Name of Mother Lena Ringgold
6. Mother's Maiden Name Lena Jensen
7. Mother's Birthplace Balto
8. Full Name of Father James Henry Ringgold
9. Father's Occupation Cigar maker
10. Father's Birthplace Balto
- Name of Medical Attendant, or other person who makes the Return. Thos Christena Steedman
- Address _____
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *George Henry Beeler*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

OCT
4
1882

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept. 21. 83.*
4. Place of Birth, (Street and Number) *St. Bonister 25*
5. Full Name of Mother, *Elizabeth ~~Beeler~~ Beeler*
6. Mother's Maiden Name, *~~Goet~~ Goet*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Henry ~~Beeler~~ Beeler*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Balt.*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 11183

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
4
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sept. 21. 83.

S. W. Foster 92

Anna Schmitt

Larry

Balt.

Frank Schmitt

Schmitt

Turner Stationer

Mr. J. B. Pruebeck

S. W. Foster 111

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

September 21st / 1883

221 Linden St

Isabella Neale

Isabella Plevin

Baltimore

A. M. Neale

Insurance Agent

Baltimore

J. H. Millerberg

121 Trullinger St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

8
8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *African*
 3. Date of Birth, *Sept 21st 1883*
 4. Place of Birth, (Street and Number) *# 198 North Bithel street*
 5. Full Name of Mother, *Sarah E Derry*
 6. Mother's Maiden Name, *Sarah E. Harris*
 7. Mother's Birthplace, *Anne Arundle Co*
 8. Full Name of Father, *George Derry*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Daniel V. Morgan M.D.*
 Address, *# 192 Airgirth St*
 Remarks, *Balt*

Md

SECTION 6.—And be it further enacted and ordained, That every person having charge of the birth of a child in Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a blank space for the name of the child, the date and place of birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the full schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the person who has charge of the child, and who shall be responsible for its safe keeping, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the same to be entered on the schedule, and to sign the same within the period above prescribed. And be it further enacted and ordained, That any person who shall neglect to do a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 2nd 11 P.M.*

4. Place of Birth, (Street and Number) *1326 Carey St.*

5. Full Name of Mother, *Philomena Brennan*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Belgium*

8. Full Name of Father, *Lubin Dactair*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Belgium*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Munn*

Address, *1 S. Calvert St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child: Carl Heinicke
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21 1893
4. Place of Birth, (Street and Number) 2197 Hoffman St
5. Full Name of Mother, Annie Heinicke
6. Mother's Maiden Name, Annie Gilman
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrick Heinicke
9. Father's Occupation, Upholster
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return Mrs. A. Mesnyehl
Address, 345 Anna Ave
Remarks,

207
1893
1710

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the particulars required under each child, its sex, name, color, date of birth, the name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the registrant, in the form of a certificate, within ten days after the birth, to the nearest physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to return its birth to the Board of Health, in the manner, and within the time, and to the person, who shall be designated by the Board of Health, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *21st September*
4. Place of Birth. (Street and Number) *Baltimore 282 Mount Vernon*
5. Full Name of Mother. *Matilda J. King*
6. Mother's Maiden Name. *Matilda J. Williams*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *George W. W. King*
9. Father's Occupation. *Bookkeeper*
10. Father's Birthplace. *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Kate Seebach*
- Address. *439 West Pratt St.*
- Remarks. *Mrs Seebach 439 W Pratt St*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st Sept. 1883

4. Place of Birth, (Street and Number)

134 Mount St

5. Full Name of Mother,

Emma V. Coulson

6. Mother's Maiden Name,

Emma Vanneter

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

Henry Broughton Coulson

9. Father's Occupation,

Book-keeper

10. Father's Birthplace,

Cecil County Md

Name of Medical Attendant, or other Person who makes this Return

Wm Jackson Evans

Address,

Col. Carey & Harlan

Remarks,

SEP
24
1883

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP.
25
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st of September 1893*
4. Place of Birth, (Street and Number) *184 W. 1st St. W. Md.*
5. Full Name of Mother, *Louisa Carr*
6. Mother's Maiden Name, *Louisa Bell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Carr*
9. Father's Occupation, *Carriage*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss A. Livingston*
- Address, *173 Hampden*
- Remarks, *Baltimore Md.*

1893

and any physician, accoucheur, midwife, or other person, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

2 females

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep the 21 1883

4. Place of Birth, (Street and Number)

44 Monroe St Bal

5. Full Name of Mother,

Maggie Kums

6. Mother's Maiden Name,

Maggie Stingle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James M. Appens

9. Father's Occupation,

upholster

10. Father's Birthplace,

Anarundel county Md

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Kelly

Address,

492 Pratt St Bal

Remarks,

11/19/93

Simore City.

Fourth Child

Chase

White

Sept 21. the 1883

322 Bay St

Doris Gibson

Esilbert

Baltimore

George Gilson

Cigar Maker

Baltimore

Mrs Wiley

No 12 Patterson Park av

W. F. HART & CO., CITY PAINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 66194

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *per*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *September 21, 1893*

4. Place of Birth, (Street and Number) *6 S. Central Ave*

5. Full Name of Mother, *Clara B. Hancock*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *John Laidis*

9. Father's Occupation, *Actor*

10. Father's Birthplace, *Brocklyn*

Name of Medical Attendant, or other Person who makes this Return *Dr. Sheel M.D.*

Address, *143 21. Exeter St*

Remarks,

66195

imore City.

21

Female....

White

21st Sept 1883

142 Chesapeake St

Caroline Bonnell

Caroline Horn

Baltimore

Nicholas Connolly

Saboreu.

Baltimore,

Mrs. Wiley

...K. D. Patterson Park av

XX

W. P. HUNT & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16176

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 21st, 1883
4. Place of Birth, (Street and Number) 61 Calvert St
5. Full Name of Mother Margaret Priei
6. Mother's Maiden Name Barlow
7. Mother's Birthplace Ind
8. Full Name of Father Wm. H. Priei
9. Father's Occupation Restaurant
10. Father's Birthplace Ind
- Name of Medical Attendant, or other Person who makes this Return. Chas. H. Priei
- Address 306 Madison Ave
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16177

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
129
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child.

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

July 21st 1883.

4. Place of Birth, (Street and Number).....

7 N. Mount St

5. Full Name of Mother,.....

Carrie Hunter.

6. Mother's Maiden Name,.....

Heise.

7. Mother's Birthplace,.....

Washington D.C.

8. Full Name of Father,.....

Earnest Hunter.

9. Father's Occupation,.....

Iron Moulder.

10. Father's Birthplace,.....

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

John H. White, M.D.

Address,

342 N. Broadway

Remarks,

C.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births, and shall enter the name of a child actually born, and the date of its birth, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the date of its birth, and the date of its delivery, and shall also enter the name of the mother, and the place of its birth, and the said entries shall be delivered, duly signed, by the practitioner, in the form of a birth certificate, to the parents or to the person or persons who shall hereafter fall to exempt with the penalties of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
129
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eleventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20th September 1883*
4. Place of Birth (Street and Number) *57 Parkin Street*
5. Full Name of Mother *Margaret Jones*
6. Mother's Maiden Name *Margaret Hutchinson*
7. Mother's Birthplace *Bontgomery Co. Md*
8. Full Name of Father *Ed. E. Jones*
9. Father's Occupation *Paper Hanger*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *C. C. Richardson M.D.*
- Address *Lombard & Freemont Streets*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and 3^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 21st
4. Place of Birth, (Street and Number) No. 441 W. Fayette St.
5. Full Name of Mother, Mrs. Lida Turpin
6. Mother's Maiden Name, " Marshall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Turpin
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Richmond Va.
- Name of Medical Attendant, (or other Person who makes this Return) T. Chew Worthington
- Address, 373 W. Fayette
- Remarks, Twins -

SECTION 6. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled out by the midwife or other person who has been conferred, in sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of twin births and deaths of illegitimate children, and any other person is in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Board of Health, in the manner, and within the period above required, to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *5th*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *September 21st / 83.*

4. Place of Birth, (Street and Number) *426. Scoralaga St.*

5. Full Name of Mother, *Maggie Steward.*

6. Mother's Maiden Name, *Maggie Mager.*

7. Mother's Birthplace, *Mt. Pleasant, Carroll Co., Md.*

8. Full Name of Father, *John Steward.*

9. Father's Occupation, *Deceased.*

10. Father's Birthplace, *Baltimore City, Md.*

Name of Medical Attendant, or other Person who makes this Return *John D. C. Mager, M.D.*

Address, *275 Lexington St.*

Remarks,

SECTION 6.—And he it further enacted, and ordained, that every person who takes place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of its birth, the place of its birth, and the date of its delivery, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of such child to report its birth to the Board of Health, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of such child to report its birth to the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other such and similar laws are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 22nd*

4. Place of Birth, (Street and Number) *E. Eden St. No. 1.*

5. Full Name of Mother, *Louise Heringer*

6. Mother's Maiden Name, *Louise Spangenberg*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *John Heringer*

9. Father's Occupation, *Tavern Keeper*

10. Father's Birthplace, *Balt^{ic} City*

Name of Medical Attendant,

or other Person who makes this Return

Address, *W. Dallas St. No. 26*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16204
ans

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- Name of child: *Harry E. Bangs*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *Sept. 22. 1883*
4. Place of Birth, (Street and Number) *510 & E. Beaman St.*
5. Full Name of Mother, *Oliver Bangs*
6. Mother's Maiden Name, *Shipley*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *A. J. Bangs*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Chas. W. Ingham
306 N. Fayette St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *66206*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 22nd 1883*
4. Place of Birth, (Street and Number) *corner St. Paul Hamilton*
5. Full Name of Mother, *Mary Geary*
6. Mother's Maiden Name, *Mary Hoyle*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Thomas Geary*
9. Father's Occupation, *Dr. Roger*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. A. Mueschell*
- Address, *345 Cornhill Ave.*
- Remarks,

"That any physician, secondjour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

66207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22nd 1883
4. Place of Birth, (Street and Number) 107 S. Ann St.
5. Full Name of Mother, Rosalie Gray
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Bernard Gray
9. Father's Occupation, Erecting Lightning Rods
10. Father's Birthplace, Mississippi
- Name of Medical Attendant, or other Person who makes this Return E. P. Burns M.D.
- Address 275 E. Baltimore St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

166208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child* SEP 25 1893

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth, *saturday*

4. Place of Birth, (Street and Number) *South Baltimore City*

5. Full Name of Mother, *Margaret Lines*

6. Mother's Maiden Name, *Margaret Duran*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Andrew Lines*

9. Father's Occupation, *labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Jim Thornton*

Address *1014 1/2 Street South Baltimore*

Remarks

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births occurring under his or her care, and shall cause to be entered in such record, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, its day and hour of birth, the day and hour of its baptism, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 22 — 1885

4. Place of Birth, (Street and Number)

1013 Perry St

5. Full Name of Mother,

Annie Fissie

6. Mother's Maiden Name,

Amenheiser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Fissie

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,

Time City

1283

Second

Female

White

Sept. 22nd 1889.

221 West Pruss St

Lucia Feldman

Passé

Baltimore

Frank Feldman

Prof. of Music

Baltimore

Dr. F. W. Seldner

South East Con of Stage and Caroline

Remarks,

THOMAS H. FULTON & SONS, CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *September 22nd*

4. Place of Birth, (Street and Number) *no 230 West St*

5. Full Name of Mother, *Lydia Wever*

6. Mother's Maiden Name, *Lydia Louis*

7. Mother's Birthplace, *northumberland county*

8. Full Name of Father, *John Wever*

9. Father's Occupation, *salor*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return *mrs Lydia Porter*

Address, *no 4 patps co avenue*

Remarks, *healthy child*

SECTION 9.—And he it further enacted and the said Board of Health shall keep a true and exact register of such births, and shall enter thereon the name of the mother, the name of the child, the date of the birth, the place of birth, the sex, the color, the full name of each child, if born, the full name of the mother, the full name of the father, the full name of the physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are so recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sep. 22. 1883.*

4. Place of Birth, (Street and Number) *233 Lauvale st.*

5. Full Name of Mother, *Josephine H. Ruse,*

6. Mother's Maiden Name, *Lancaster,*

7. Mother's Birthplace, *Balto. City.*

8. Full Name of Father, *Wm M. Ruse,*

9. Father's Occupation, *Tanner,*

10. Father's Birthplace, *Norfolk Co. Va.*

Name of Medical Attendant, or other Person who makes this Return *J. J. Doyle M.D.*

Address, *247 Lauvale st.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *September 29 1883*
4. Place of Birth, (Street and Number) *No 103 Rabara Street*
5. Full Name of Mother.
6. Mother's Maiden Name, *Ellen Cook*
7. Mother's Birthplace, *Howard Co Md*
8. Full Name of Father, *James Johnson*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Howard Co*
- Name of Medical Attendant, or other Person who makes this Return *Charlatt Warren*
- Address, *No 258 Rabara*
- Remarks, *none*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female).....

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept 22 1883

4. Place of Birth, (Street and Number)

73 N. Carey St

5. Full Name of Mother,

Ell Kraus

6. Mother's Maiden Name,

Ell Traeter

7. Mother's Birthplace,

City

8. Full Name of Father,

Samuel Kraus

9. Father's Occupation,

Provision Merchant

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who
makes this Return.

A. J. Stuedemann

Address,

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66212

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 22nd 1883

4. Place of Birth (Street and Number)

27 Bay St

5. Full Name of Mother

Katherine Wise

6. Mother's Maiden Name

" Rimmey

7. Mother's Birthplace

Pennsylvania U.S.

8. Full Name of Father

William Wise

9. Father's Occupation

Cooper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Cooke

Address

110 Foot St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still borne or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 6-8-59.
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Laura B. Ross H X

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 22 1883

4. Place of Birth (Street and Number)

28 N Bond St

5. Full Name of Mother

Laura V. Ross

6. Mother's Maiden Name

Coats

7. Mother's Birthplace

Bald

8. Full Name of Father

Joseph Ross

9. Father's Occupation

Mechanic

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

C. W. Newman

Address

85 E. Ballof

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Sept. 22. 83
 4. Place of Birth (Street and Number) Fremont St. 15. of Lawrence.
 5. Full Name of Mother Carrie B. Davis
 6. Mother's Maiden Name Catheart
 7. Mother's Birthplace Balto. Md.
 8. Full Name of Father John W. Davis
 9. Father's Occupation Bank-keeper
 10. Father's Birthplace Savannah, Ga.
 Name of Medical Attendant, or other Person who makes this Return. John J. King, M.D.
 Address 215 N. Carrollton av.
 Remarks

[illegible]

16219



Male

W. H. Miller

22 Sept 1883.

Durham 2X No. 24, 2

Mr. Brejcha

M. Krish

Bohemian

Tomas, Beycha

Galerer

Bateria

or other Person who
makes this Return

Mary O. Smith

Share To Rich

Section 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be provided for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the last year, and shall be filed in the office of the Board of Health, and shall be open to the inspection of any person who may desire to examine the same. The name of the mother, the name of the child, the place of its birth, and the date of its birth, shall be entered on the said schedule, and the said schedule shall be delivered, duly signed by the midwife, to the Board of Health, on or before the first day of each and every month, to the Board of Health. In case the midwife, between the first and third day of each and every month, shall be absent from the City, or shall be unable to attend to the duty of the parent or parents of such child to report its birth to the Board of Health, then and in such case, the midwife shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth. *Sept 22 — 1883*
4. Place of Birth, (Street and Number) *No 122 Barr St*
5. Full Name of Mother, *Louise Zange*
6. Mother's Maiden Name, *Stratton*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *May Zange*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Schweser midwife*
- Address, *330 Hanover St.*
- Remarks,

"That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Col.

3. Date of Birth,

22nd of September

4. Place of Birth, (Street and Number)

Chesnut St. No 21

5. Full Name of Mother,

Pattie Crossley Lewis

6. Mother's Maiden Name,

Pattie Crossley

7. Mother's Birthplace,

Northumberland Co. Va

8. Full Name of Father,

Thomas Lewis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Northumberland Co. Va

Name of Medical Attendant, or other Person who makes this Return

Wm Walker Lear

Address,

Spring St No 89

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, age, sex, and color of the parents, and the maiden name of the mother of each child or children."



RETURN OF A BIRTH

66223

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *22nd September*
4. Place of Birth, (Street and Number) *78 Baltimore St.*
5. Full Name of Mother, *Ellen Mary Ann Lindenmann*
6. Mother's Maiden Name, *Kartzman*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Joseph Lindenmann*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Crocker*
- Address, *269 Cathedral St.*
- Remarks, _____

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

sections a.—And be it further enacted and ordained, That every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank parchment or paper, or book, or card, or tablet, or any other material, to be accessible to the full name of the child or children, and the date of birth, and the name of the mother, and the name of the physician, or of the practitioner of midwifery, who attended during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been ascertained), its sex, color, the full name and occupation of its parents, the day and month of its birth, and the day and month of its death, and the name of the physician, or of the practitioner of midwifery, who attended during the first and third day of every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the parents or parent of such child, or the person or persons who report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and in such cases the person or persons who report the birth to the Board of Health, shall be responsible for the same. Any sum of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT,
SEP 29 1983
BALTIMORE, MD.

Correct Return of Vital Statistics is required of every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66220

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1893
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. °Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 23, 1883

4. Place of Birth, (Street and Number)

3 S. Goldsm

5. Full Name of Mother,

Louisa C. Roberts

6. Mother's Maiden Name,

Kempel

7. Mother's Birthplace,

Balt

8. Full Name of Father,

George N. Roberts

9. Father's Occupation, ...

Commission Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

John Hood

Address,

322 Hollins St

Remarks,

fine babe - delivered with

forceps

1792

22-28

1890

11-10

Sept 23rd 1911

517 Mrs Henry H

Auntie & V. & Alice

" Lapine.

[Faint handwritten notes at the bottom of the page]

[Faint handwritten notes at the bottom of the page]

6.
L. Schlegel ... 2. K...

Handwritten signature: *Handwritten signature*

July 5th

25. *Erigeron annuus*

JAMES E. HUNT & SONS, CITY PRINTERS AND STATIONERS.

11-527

“That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT

1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *Sept. 23. 1883*
4. Place of Birth, (Street and Number) *No. 831 E. Eubank St*
5. Full Name of Mother, *Barger*
6. Mother's Maiden Name, *Gross Smith*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *W. Barger*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *C. W. Neff*
- Address, *302 E. W. Gay St*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

GIVEN NAME ADDED 12-3-51

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Elizabeth Kosman

7 th

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 23rd. 1893.

4. Place of Birth (Street and Number)

Baltimore Register St No. 144.

5. Full Name of Mother

Matilda Kosman

6. Mother's Maiden Name

" " Linglebach

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fredrick Kosman

9. Father's Occupation

Cow, maker.

10. Father's Birthplace

Baltimore

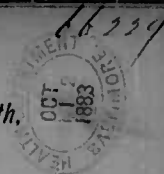
Name of Medical Attendant, or other Person who make this Return.

Ann Kosman

Address

No. 10 South Edw st.

Remarks

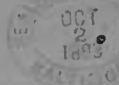


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

23 of September

4. Place of Birth, (Street and Number)

Lester Street Baltimore

5. Full Name of Mother,

Mary ~~Palat~~ Gartner

6. Mother's Maiden Name,

Mary Palat

7. Mother's Birthplace,

Wurtemberg Germany

8. Full Name of Father,

George Gartner

9. Father's Occupation,

Bier Brewer

10. Father's Birthplace,

Wurtemberg Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, September 23 1883

4. Place of Birth, (Street and Number) 173 tyson street

5. Full Name of Mother, Mary Walford

6. Mother's Maiden Name, Mary brown

7. Mother's Birthplace, Cambridge Md

8. Full Name of Father, Lewis Walford

9. Father's Occupation, Waiter

10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other Person who makes this Return Mary Ann dorsey

Address, 64 B. Brown lane

Remarks, five dollars

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16232

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
25
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 23 1883
4. Place of Birth, (Street and Number) 101 Valley St.
5. Full Name of Mother Kate Hyman
6. Mother's Maiden Name Kate Baer
7. Mother's Birthplace Baltimore
8. Full Name of Father W. Hyman
9. Father's Occupation Oyster Dealer
10. Father's Birthplace Hagerstown Md.
- Name of Medical Attendant, or other Person who makes this Return. James A. Feltz M.D.
- Address 182 Sonneton St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

SEP.
25
1883

1. Sex, (state whether male or female)

Official female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 Sept 1883

4. Place of Birth, (Street and Number)

5. North Front Street

5. Full Name of Mother,

Mary Ward

6. Mother's Maiden Name,

Mary Laverne

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Ward

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Miss Christina Laverne

Address,

123 Surfmont

Remarks,

Baltimore Md

1883

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
23
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 23rd 1883*
 4. Place of Birth (Street and Number) *Baltimore Hanover N^o 711*
 5. Full Name of Mother *Mollie Ear*
 6. Mother's Maiden Name *Howes*
 7. Mother's Birthplace *Calvert County*
 8. Full Name of Father *Virgil Ear*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Calvert County*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Scarborough*
 Address *220 Montgomery Street Balt*
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66236

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 23rd*

4. Place of Birth (Street and Number) *35 Scott St.*

5. Full Name of Mother *Mary E. Vankollin*

6. Mother's Maiden Name *Mc. Carthy*

7. Mother's Birthplace *Phila Pa*

8. Full Name of Father *Louis Vankollin*

9. Father's Occupation *Moulder*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *H. H. Weber M.D.*

Address *298 St. Lombard St.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 24 1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23rd Sept 83
4. Place of Birth (Street and Number) 410 Druid Hill Ave
5. Full Name of Mother Winnie P. Richardson
6. Mother's Maiden Name Swartz
7. Mother's Birthplace Balto.
8. Full Name of Father John A Richardson
9. Father's Occupation Clerk
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. W. W. Wingo
- Address 364 Madison
- Remarks

66238

that any physician, accoucheur, midwife, or other person attending, who shall deliver and take at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

- Wm. J. O'Dell & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

September 23, 1883

4. Place of Birth (Street and Number)

245 Dolphin St

5. Full Name of Mother

Florence E. Bradley
Elliott

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Thomas H. Bradley

9. Father's Occupation

Telegraph Operator

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Dr. St. Thomas M.D.
C. E. Baltimore

Address

Remarks

Correct Return of Vital Statistics in the City of Baltimore.
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16240

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep. 23

4. Place of Birth, (Street and Number)

Eastern Ave. Madison St.
Anna Johnson

5. Full Name of Mother

Weth

6. Mother's Maiden Name,

Balt:

7. Mother's Birthplace,

Joseph Johnson

8. Full Name of Father,

Capitalist

9. Father's Occupation,

Balt:

10. Father's Birthplace,

St. Michaels

Name of Medical Attendant, or other Person who makes this Return

251 Mid. An.

Address,

Remarks,

Instrumental Assistance

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

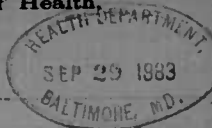
Remarks.

Correct Record of Vital Statistics for the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth.

Sept. 23rd.

4. Place of Birth, (Street and Number)

No. 12 Fairham St.

5. Full Name of Mother.

Catherine Jackson.

6. Mother's Maiden Name.

Catherine Brown.

7. Mother's Birthplace.

Baltimore County.

8. Full Name of Father.

Thomas E. Jackson.

9. Father's Occupation.

Laborer.

10. Father's Birthplace.

Baltimore County.

Name of Medical Attendant, or other Person who makes this Return

Susan Morgan

Address.

No. 47 North Fairham St.

Remarks.

None.

SECTION 3.—And he it is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose name or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her name and shall be filled up by the midwife, and shall be delivered to the Commissioner of Health, on the day and at the place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in order to be filed in the records of said Board, and the said schedule shall be retained by the Board of Health, until the said midwife, or any other person, shall have been convicted of a crime, in which case the said schedule shall be destroyed. And should no other person be in attendance upon the mother, immediately thereafter, if she then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above respectively prescribed, and if they fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of ⁱMother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 24, 1883

4. Place of Birth, (Street and Number)

26 Montross St.

5. Full Name of Mother,

Mauda Carrigan

6. Mother's Maiden Name,

Applebee

7. Mother's Birthplace,

Primer, Georgia Co.

8. Full Name of Father,

Mr. J. Carrigan

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

Wm. Howard

Address,

322 Baltimore

Remarks,

Living Male

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall be filled up by the midwife or other person practicing midwifery, and shall be delivered to the Commissioner of Health, on or before the first day of the month following the month in which the birth took place. The said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall be attended by a midwife or other person practicing midwifery, and the said midwife or other person shall be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall violate the provisions of this section shall be liable to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth; (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

OCT
4
1893

George Washington
Baltimore St. Saloon

Katherine

Katherine

Katherine

John Schell

Sevier

Katherine

Mary K. H.

1325 E. 1st St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

OCT
4
1863

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Sept. 24. 62.

Waltersstr. No. 194

Maryanne Brechenbecher

Prademich

Hessen

Wilhelms Brechenbecher

Lehner

Hessen

Mrs. Joh. Brechenbecher

W. Waltersstr. 28

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

OCT
4
1883

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Sept. 24. 83.

W. H. Hester St. 37.

Margaretta Hester

Weller

Baltimore

Johann Weller

carpenter

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Wm. J. H. Hester, M.D.

Address,

W. H. Hester St. No 14

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is 1st child

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 24 September

4. Place of Birth, (Street and Number) *No 21 ally*

5. Full Name of Mother, *Eliza Whellan*

6. Mother's Maiden Name, Olivia Lowell

7. Mother's Birthplace, Calhoun County

8. Full Name of Father, Witchard Whellan

9. Father's Occupation, Lawyer

10. Father's Birthplace, *Las Gorda County*

Name of Medical Attendant, or other Person who makes this Return C. M. Allen, M.D.

Address. Box 12 Phoenix Ariz

Remarks.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of a child, the date of its birth, the sex, color, and during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name of the practitioner, daily adding to the same, in the form of a certificate, the name of the child, the date of its birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name of the practitioner, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Registrar of Births, in the manner, and at the time, and place, and under the penalty hereinafter provided, and in compliance with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child* Oct 1883

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *A September 24th 1883*

4. Place of Birth, (Street and Number) *182nd Howard St Baltimore*

5. Full Name of Mother, *Mrs. William H. G. Bond*

6. Mother's Maiden Name, *Anna John*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William H. G. Bond*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Amelia Green*

Address, *2012 Plum Alley*

Remarks,

and any physician, accouchant, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1635A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
23
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Arthur L.

Male

0.00

9/14/20

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 24th 1883

4. Place of Birth, (Street and Number)

1162 E. Lombard St.

5. Full Name of Mother,

Lillian M. Weiss

6. Mother's Maiden Name,

W. Knappe

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Frederick Weiss

9. Father's Occupation,

Col. Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. H. N. Pugh

Address,

182 E. Monument St.

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be held to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at its birth, its sex, color, the full name and occupation of its parent, the day and month of its birth, the day and month of its delivery, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month, to be filed in the office of the Commissioner of Health, immediately thereafter, it shall then become the duty of the practitioner to file a copy of the same in the office of the Commissioner of Health, in the manner, and within the period above required, except in the cases of the birth and death of a child, in which case the practitioner shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The eighth child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *On the 24th of September*

4. Place of Birth, (Street and Number) *No. 1752 Hudson St*

5. Full Name of Mother, *Mrs. Frances Jane Thomas*

6. Mother's Maiden Name, *Miss Frances Jane Sumpter*

7. Mother's Birthplace, *Pelton Penn.*

8. Full Name of Father, *Mr. John William Thomas*

9. Father's Occupation, *Captain of an Ocean Boat*

10. Father's Birthplace, *Virginia.*

Name of Medical Attendant, or other Person who makes this return *Mrs. Wilf*

Address, *No 12 Patterson Park ar*

Remarks, *1*

77213

007
2
1863

Male

Male

—

Septem ber 24/83

18 Bank St

Wilhelmina Boetz

Adrenalin!

Germany

Wilhelm Bahitz

Cabinetmaker

Baltimore

Wm. Christie, Treas.

Wm. Burke, (1847)
J. J. Burke, (1848)

No. 6 Election Note

JAMES E. FIAT & SONS, CITY FREIGHTS AND STATIONERS.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall deliver the same to the Registrar of Vital Statistics, at the City Hall, within the month of the birth, and shall not forthwith, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth record, and the said child shall receive without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Negro*

3. Date of Birth, *September 24th 1883 -*

4. Place of Birth, (Street and Number) *553 1/2 Dorchester St.*

5. Full Name of Mother, *Henry Jones*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return *Newberry & S. Keiper, M.D.*

Address, *375 Madison Avenue.*

Remarks _____

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Female

White

Sept. 24, 1883

196 McCulloch 5

1 Belle Austrian

Bill Berner

Maryland

Robert Austrian

Merchant

Maryland

I. W. Honek M.D.

75 E Balro 5th

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *24 of september*
 4. Place of Birth, (Street and Number) *72 Block Street*
 5. Full Name of Mother, *margret Hanig*
 6. Mother's Maiden Name, *margret Penner*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George Hanig*
 9. Father's Occupation, *Caulker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Mary G swaner*
 Address, *59 Luzerne*
 Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *September 24th 1883*
4. Place of Birth, (Street and Number) *217 Saratoga St*
5. Full Name of Mother, *Mary C. Sinclair*
6. Mother's Maiden Name, *Mary C. O'Connell*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *William F. Sinclair*
9. Father's Occupation, *Tobacco Stripper (Workman)*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who make this Return *Mrs. Marshall*
- Address, *Saratoga St. 228*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66259

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
29
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex; (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 24th 1883

4. Place of Birth, (Street and Number) 44 Clifford St

5. Full Name of Mother,

6. Mother's Maiden Name, Lucy Gray

7. Mother's Birthplace, Balt City

8. Full Name of Father, Charles Allen

9. Father's Occupation, Labourer

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Broadway Alley

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

16260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
28
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 24th 1883

4. Place of Birth (Street and Number)

80 North Edow Street

5. Full Name of Mother

Mattie Hunschal

6. Mother's Maiden Name

Herman

7. Mother's Birthplace

8. Full Name of Father

Baron Hunschal

9. Father's Occupation

Saloon Keeper

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

W. E. H. H. H. H. H.

Address

241 E. Baltimore

Remarks

1861

• www.merck.com

JOHN E. HUNT & CO., CITY PRINTERS AND STATIONERS

Christ. (1.)

Male.....

White

September 24. 1889

No 16. Anthony Ste

Franziska Selin

Joseph Beck

Bohemia

John Selin

Labor

Germany

or other Person who makes this Return *Josephina Konrad*

Barnes 15th

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ELMA DOROTHEA SCHNEIDERREITH

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 24th

4. Place of Birth, (Street and Number)

168 Barre St.

5. Full Name of Mother,

ANGELIA Schneiderreith

6. Mother's Maiden Name,

A. E. Peters

7. Mother's Birthplace,

Baltimore SCHNEIDERREITH

8. Full Name of Father.

Louis (Schneiderreith)

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

D. H. [Signature]

Address,

120 Pearl St. Baltimore

Remarks,

RETURN OF A BIRTH

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on the subject of the registration of births, and shall file the same with the Registrar of Births, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of birth, the sex, color, the full name and designation of the parents, the day and month of the birth, the name of the midwife, and, so far as ascertainable, between the first and third day of each and every month in the Board of Health, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, for the purpose of preventing the death of the child, or the death of the mother, in the manner, and within the period above required, except in the cases of the birth and death of bloodstained children, and in the case of children born dead, or of children born with such defects as render them incapable of surviving, or of children born with such defects as render them incapable of being reared as other than and specimens are provided for.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And he it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of the same, and shall be bound to return the same to the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth took place, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1887 65- OCT 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 25th 1883

4. Place of Birth, (Street and Number) 83 East St

5. Full Name of Mother, Josephine Hall

6. Mother's Maiden Name, Josephine Stanley

7. Mother's Birthplace, Cambridge Mass

8. Full Name of Father, Isaac Hall

9. Father's Occupation, Worker

10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, 5 Forest St

Remarks,

Return of a Birth

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16266

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
2
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25th

of September 1893

4. Place of Birth, (Street and Number)

1044 East St

5. Full Name of Mother,

Margaret M. Progeny

6. Mother's Maiden Name,

Margaret M. Duke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Progeny

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Julia Runge

Address,

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Sept 25 + 83*
4. Place of Birth (Street and Number) *105 N Carey St*
5. Full Name of Mother *Molly Dutcher*
6. Mother's Maiden Name *Lacourt*
7. Mother's Birthplace *Balto*
8. Full Name of Father *John Dutcher*
9. Father's Occupation *snuff Manufactory*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *C. A. Lewis*
- Address *162 Hanover St*
- Remarks

NOV 14 1883

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall enter the same as follows: That the date of the birth, the sex, the race or color, the full name of the child, the name of the mother, and the name of the father, shall be ascertained, the full name of the child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, bearing the first and last name of the mother, the name of the father, the date of the birth, the sex, the race or color, the full name of the child, the name of the mother, and the name of the father, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalty, provided in and by the said Act, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *September 25, 1893*

4. Place of Birth, (Street and Number) *#26 Thames St.*

5. Full Name of Mother, *Sophie Hartmann*

6. Mother's Maiden Name, *Haxmuth*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *German Hartmann*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Kraft*

Address, *236 Canton Ave*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 25, 1883

4. Place of Birth, (Street and Number) 41 Caroline St.

5. Full Name of Mother, Bertha F. Lipp

6. Mother's Maiden Name, Bertha F. Piepenbrinker

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John George Lauster

9. Father's Occupation, Broker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary Thier

Address, 151 E Pratt St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

66271

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DET
2
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 25th 1883
4. Place of Birth, (Street and Number) No 17 Pennrough st
5. Full Name of Mother Eliza B. Bell
6. Mother's Maiden Name Eliza B. Sear
7. Mother's Birthplace Maryland
8. Full Name of Father Wilfer Bell
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this return. Mrs Sarah Corssal mid wife
- Address No 317 Port avenue
- Remarks mother and child looking well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 C. M. C.

1. Sex, (state whether male or female) Female

2. Race or Color. (if not of the white race)

3. Date of Birth, September 25th 1883.

4. Place of Birth, (Street and Number)..... No 281, W. Pratt, St.

5. Full Name of Mother..... Maria, C. Mc. Hale

6. Mother's Maiden Name, L. " " Gray-kum

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, Albert J. McNamee

9. Father's Occupation, Farmer.

10. *Father's Birthplace,* (Baltimore)

Name of Medical Attendant, or other Person who makes this Return

Address, No 43 S. Monroe St.

Remarks.

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

66272



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (~~state whether Male or Female~~) _____

2. Race or Color (~~if not of the white race~~) _____

3. Date of Birth Sept 25th 1883

4. Place of Birth (Street and Number) 428 N Fulton Ave

5. Full Name of Mother Sarah Virginia Thomas

6. Mother's Maiden Name Sieber

7. Mother's Birthplace Leesburgh Loudon Co Va

8. Full Name of Father Albert C. Thomas

9. Father's Occupation Book Agent

10. Father's Birthplace Fredricks Co Md

Name of Medical Attendant, or other Person who makes this Return. Edw. L. Price M.D.

Address 262 Madison Ave

Remarks _____

ARTICLE 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person who has been licensed to practice, and shall be signed by the midwife or other person who has been licensed to practice, and shall be filed in the office of the Commissioner of Health. In case the midwife or other person who has been licensed to practice, shall neglect or refuse to keep such register, or shall fail to file the same in the office of the Commissioner of Health, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second. (2.)*

1. Sex, (state whether male or female) *FEMALE (Male) MARY JOSEPHINE*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 25 1883*

4. Place of Birth, (Street and Number) *No 178. N. Wolf St*

5. Full Name of Mother, *Marie (Bertman) BERDE MANN*

6. Mother's Maiden Name, *" Otter*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Heiman (Bertman) BERDE MANN*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Josephina Renrad*

Address, *No 20. Barnes St*

Remarks, _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1626
OCT
3
1893

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 25th 1893
4. Place of Birth (Street and Number) 65 E. Madison
5. Full Name of Mother Nette Cook
6. Mother's Maiden Name Nette Thomas
7. Mother's Birthplace Baltimore
8. Full Name of Father George Cook
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Geo. S. Reynolds M.D.
- Address 171 N. Calvert
- Remarks

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

16227

RECEIVED
JAN 18 1964

June 1861

- Lilium*

- September 23 1882

- 35 to Riddle 50-

- Charlotte M. Keiser

- Bill

- K. Schulze

- She is kind

- Handwritten signature: *Handwritten signature*

- Strong & Dearborn
Killing

- [Faint handwritten notes]*

Henry and Howell.

256 Mr. Tenney et

Remarks,

JOHN P. FINE & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth (10)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 25th 1883*
4. Place of Birth, (Street and Number) *S. E. Cor Pearl & Lexington sts*
5. Full Name of Mother, *Kuni Albert*
6. Mother's Maiden Name, *Kuni Fisher*
7. Mother's Birthplace, *Lagenstadt Bavaria Germany*
8. Full Name of Father, *Charles Albert*
9. Father's Occupation, *Porter in Shoe Store*
10. Father's Birthplace, *Strasendorf Bavaria Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs Dwyer*
Address, *No 60 Schaeffer St.*
Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,



To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 25 1883
4. Place of Birth, (Street and Number) 160 North Central Avenue
5. Full Name of Mother Mary E. Harrison
6. Mother's Maiden Name Mary E. Mcneir
7. Mother's Birthplace Baltimore, Md. City
8. Full Name of Father Albert W. Harrison
9. Father's Occupation Photographic
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Amanda Mcneir
- Address 175 North Eden St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11250

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 25th*

4. Place of Birth, (Street and Number) *118 Pine St*

5. Full Name of Mother, *Mrs. Catherine A. Long*

6. Mother's Maiden Name, *Drutwald*

7. Mother's Birthplace, *Balds City*

8. Full Name of Father, *John J. Long*

9. Father's Occupation, *St. Paver*

10. Father's Birthplace, *Balds City*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Hill, Jr.*

Address, *443 Franklin St.*

Remarks, *Mother aborted at 7 months*

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar-aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16281

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 25th 1883
4. Place of Birth, (Street and Number) 208 Greenmount
5. Full Name of Mother Eliza J. (Lizzie) Burger
6. Mother's Maiden Name Woodward
7. Mother's Birthplace England (Dorsetshire)
8. Full Name of Father Fred. Burger
9. Father's Occupation Clerical
10. Father's Birthplace Engl.
- Name of Medical Attendant, or other Person who makes this Return. Chas. H. Bly, M.D.
- Address 306 Madison Ave.
- Remarks Full name of child - Florence M. Burger



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP.
25
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 25th 1883

4. Place of Birth (Street and Number)

No 16 Spruce alley

5. Full Name of Mother

Annie Curry

6. Mother's Maiden Name

Harmond

7. Mother's Birthplace

St. Mary's. Co. Md.

8. Full Name of Father

Elyas Curry

9. Father's Occupation

Graving

10. Father's Birthplace

Annyndel Co

Name of Medical Attendant, or other Person who makes this Return.

Francis Anderson

Address

Remarks

66213

SEP
20
1963

2. *Phil.*

- (race) ~~White~~
 1/2 S. Pers.
 Eastern. Apr. 19, 1905
 Holbrook
 Kaiserwacker
 4. 100
 Holbrook

Harry E. Martin

Medical Assistant, make this Return
 Dallas, Tex. 11/3/06

WILLIAM B. FLETCHER & CO., CITY ENGINEERS AND ARCHITECTS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

11354
p
29
1-3

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 of Sept

4. Place of Birth, (Street and Number)

10 Spring Street

5. Full Name of Mother,

Katie Marran

6. Mother's Maiden Name,

Katie Kie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Marran

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Lauer

Address,

173 Marlborough

Remarks,

Baltimore Md

1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

126 Greenmount ave.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

over 16286

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child: George A. Rathell / 1st
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth September 25th 1883
 4. Place of Birth (Street and Number) 503 Light
 5. Full Name of Mother Sally (Margaret) Rathell
 6. Mother's Maiden Name Clayton
 7. Mother's Birthplace Baltimore Md
 8. Full Name of Father John Rathell
 9. Father's Occupation Laborer
 10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. O. A. Locke M.D.
Address 140 Fort St
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
29
1883

No. *66087* Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Sept 25th 1883*

4. Place of Birth, (Street and Number) *No 104 York St*

5. Full Name of Mother,

6. Mother's Maiden Name, *Amelia Holland*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Not known*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Doctor Thomas*

Address, *71 Burgundy Alley*

Remarks,

SECTION 6.—And be it further enacted and unaltered, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter be received, shall be required to furnish to the Board of Health, a list of the births which have occurred, under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the month, day and hour of its birth, the place of its birth, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, and the birth of the child be attended to by any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 25, 1883

4. Place of Birth, (Street and Number) No 21 James Alley

5. Full Name of Mother, Katie Dubel

6. Mother's Maiden Name, Katie Noof

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Dubel

9. Father's Occupation, laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catharine Gorman

Address, No 18 Byrd st.

Remarks, _____

of Baltimore, under whose charge or supervision, or in which shall be performed, any birth, and shall enter the same on a blank schedule to be furnished by the Comma-
 ceasing of health. This schedule shall contain in full the facts which have occurred under his or her care
 certificate, between the first and third day of each and every month, to the Board of Health. In case the
 duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and
 within the period above required, except in the cases of the births and deaths of illegitimate children, and
 any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject
 to a fine of not less than five dollars nor more than ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*
1. Sex, (state whether male or female) *Twins Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 25, 1883*
4. Place of Birth, (Street and Number) *in Baltimore Bannock st No 5*
5. Full Name of Mother, *Miss Maggie Kimbrough*
6. Mother's Maiden Name, *Miss Maggie Kneller*
7. Mother's Birthplace, *in Baltimore*
8. Full Name of Father, *Mr. John Kimbrough*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *in Darmstadt*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Kneller*
- Address, *1017 West Pratt st*
- Remarks,

11298

Business Cites

First Child

Girl

White

Septem ber. 25. 1853.

Baltimore Prince. & Co. 11

Mrs. Nellie Kummerow

Min. Mellic. Albert.

Born in Baltimore

M^r Joseph Freuden

Brewer.

Württemberg

Mrs. Miller

1017 West Pratt St

Remarks

JOHN P. FERT & CO., CITY PRINTERS AND STATIONERS.

66291

SEP
1997
1443

1st
2nd
Female
White

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth*
- ,...

- 4.
- Place of Birth, (Street and Number)*

- 5.
- Full Name of Mother,*

- 6.
- Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23^d of Sept 1883

4. Place of Birth, (Street and Number)

10 Wilcox Street

5. Full Name of Mother,

Mary Mc Kenna

6. Mother's Maiden Name,

Mary Curran

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Michael Mc Kenna

9. Father's Occupation,

Police

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Christy Limer

Address,

123 Conford street

Remarks,

William S. Hall

1883

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether ~~male or female~~)

2. Race or Color, (if not of the white race) Black

3. Date of Birth, September 25, 1893

4. *Place of Birth.* (Street and Number) Nadson St. 1915

5. Full Name of Mother, *Chris Lipe Schindler*

6. Mother's Maiden Name, Christine Reimer

7. Mother's Birthplace, Haldsburg, P. Prussia, Germany

8. Full Name of Father: Maximilian Schneider

9. Father's Occupation, Farmer

10. Father's Birthplace, Gloden, N. Jackson, Germany

Name of Medical Attendant, or other Person who makes this Return

Address. *V. J. Callahan, 1816 26*

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OCT
4
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 26/83

4. Place of Birth, (Street and Number)

97 S. Mt. St.

5. Full Name of Mother,

Alveta Brown

6. Mother's Maiden Name,

Adams

7. Mother's Birthplace,

Anne Arndt co. Md.

8. Full Name of Father,

J. T. Brown

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Anne Arndt co. Md.

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

sections a— And be it further enacted and ordained: That every person travelling into any of the Cities of Baltimore, under whose charge and superintendence a birth shall hereafter take place, shall keep a record and register of such birth, and shall enter the same on a blank certificate to be furnished by the Registrar-General, containing the name, and shall set forth as far as the same can be ascertained, the full name of each child if any name shall have been ascertained, the sex, colour, the full name and occupation of the parents, the day and hour of birth, and the place of birth, and shall certify, under the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, for the purpose of procuring a certificate, the parent or parents of such child to present the birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and in the case of ten dollars for each child, to be recovered as other fines and penalties are so recoverable.

Zeit

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant,

Mrs Rachel A. Gaskell

Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66297

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
8
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

M 2 female.

2. Race or Color, (if not of the white race)

Colord.

3. Date of Birth,

Born September 26 1883.

4. Place of Birth, (Street and Number)

Birth Place 21 St Marys Street

5. Full Name of Mother,

6. Mother's Maiden Name,

Carrie Chisley.

7. Mother's Birthplace,

Charles County Md.

8. Full Name of Father,

Joe Kellie

9. Father's Occupation,

Labor

10. Father's Birthplace,

Laurens Virginia

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. J. Jones

Address,

701 Jayson Street

Remarks,

66278

1567

Seymour Child

- Male
White
6 Sept 1888
Cannon St
Virginia M. Caspore
M. Wilson
Ball M. D.
Thomas Caspore
Ball M. D.
Baltimore

Mr. Wilcox

on Park as

2. E. [illegible] 4. 1952. 4773. [illegible] ASB. STAYING IN THE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

16297
OCT 2 1893
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 25th

4. Place of Birth, (Street and Number)

240 Argyle Ave.

5. Full Name of Mother,

G. E. Schultz.

6. Mother's Maiden Name,

A. C. Glucke.

7. Mother's Birthplace,

Buffalo Scott Co. Iowa.

8. Full Name of Father,

G. E. Schultz.

9. Father's Occupation,

Prof. of Physical Culture Y. M. C. A.

10. Father's Birthplace,

Goslar Germany.

Name of Medical Attendant,

or other Person who makes this Return

Dr. R. H. Hoffmann

Address,

120 N. Lincoln St.

Remarks,

16201

OCT.
1893

124.

Male

Sept 26th 1883

165 East Baltic sh.

Mary Kasper

" I. *Hesperis*

Cities

John Hager

Carpenter

Germany

or other Person who
makes this Return

Mr. Elijah C. Betz

120 Bank 1.

JOHN H. HILL & SON, LTD. PRINTERS AND STATIONERS

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person who has charge of the birth, and shall be signed by any name shall have been conferred. In sex, color, the full name and occupation of its parents, the day and place of its birth, and the sex and date of delivery. The said schedule shall be delivered, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the midwife or other person who has charge of the birth, shall neglect to deliver the same, or shall deliver it without the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except the case of illegitimate children, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 26th 1883*

4. Place of Birth, (Street and Number) *420 Canton Ave*

5. Full Name of Mother, *Kennigswoda Betz*

6. Mother's Maiden Name, *Schlicke*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Betz*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs E. Elizabeth Betz*

Address, *120 Bank St*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d -

1. Sex (state whether Male or Female) Female -

2. Race or Color (if not of the white race) White -

3. Date of Birth Sept. 26 / 83 -

4. Place of Birth (Street and Number) No. 3 Hollins Alley -

5. Full Name of Mother Emma Krugner

6. Mother's Maiden Name Binkke

7. Mother's Birthplace Balto -

8. Full Name of Father Herman Krugner

9. Father's Occupation Porter at Bahmann's -

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith M.D.

Address Harlem av. Calhoun St

Remarks

Oct
2
1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 26th 1883

4. Place of Birth, (Street and Number)

293 Mc Donough St.

5. Full Name of Mother,

Annie Richards.

6. Mother's Maiden Name,

Burroughs.

7. Mother's Birthplace,

Baltimore County.

8. Full Name of Father,

Francis Richards.

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

John W. White, M.D.
342 N. Broadway

Address,

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth Sept 26th 1883
4. Place of Birth (Street and Number) No 2 Madam Alley
5. Full Name of Mother Loretta Walker
6. Mother's Maiden Name W.
7. Mother's Birthplace Ann Arundel Co.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Chas. Lockman
- Address 25 East St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Monday September 26th 1883*

4. Place of Birth, (Street and Number) *No 41 Hunter st*

5. Full Name of Mother, *Mary Simpson*

6. Mother's Maiden Name, *Mary Murry*

7. Mother's Birthplace, *Easton Shore Md*

8. Full Name of Father, *John Simpson*

9. Father's Occupation, *Oyster Shucker*

10. Father's Birthplace, *Carolina Co*

Name of Medical Attendant, or other Person who makes this Return *Lucinda Woodford*

Address, *130 Regester st*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *26 Sep.*

4. Place of Birth, (Street and Number) *91 Low St*

5. Full Name of Mother, *Rosa Keismeyer*

6. Mother's Maiden Name, *" Schaefer*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Frederick Keismeyer*

9. Father's Occupation, *Basket maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Johns Rosa A. Allig*
or other Person who makes this Return

Address, *48 Hollenback St*

Remarks, *Bull*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16510

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White race.

3. Date of Birth Sep. 26th 1883.

4. Place of Birth, (Street and Number) 694 Light St.

5. Full Name of Mother Annica Willmendorf.

6. Mother's Maiden Name Witt

7. Mother's Birthplace Prussia

8. Full Name of Father August Willmendorf.

9. Father's Occupation Dr.

10. Father's Birthplace Prussia.

Name of Medical Attendant, or other Person who makes his return. Annica Greenup.

Address 634 Light St.

Remarks _____

OCT
1883
BALTIMORE

"That any physician, apothecary, midwife, or other person in charge, who shall attend, send or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 26 1883*

4. Place of Birth, (Street and Number) *St. Vincent's Infant Asylum*

5. Full Name of Mother, *Mary Sullivan*

6. Mother's Maiden Name, *Wa*

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return *Doctors of Charity*

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 26th 1883

4. Place of Birth, (Street and Number)

Matsonite - 161 N. Lincolnton

5. Full Name of Mother,

Lena M. Muty

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

J. R. Page M.D. Lintock

Address, 161 N. Lincolnton

Res. Oak

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Section 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or control any child is born, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of the parents, the date and place of its birth, and the date and place of its burial, and the occupation of the parents, the day and certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or when the mother is unable to attend to the child, the midwife immediately thereafter, it shall then become the duty of the parent or parents of such child to comply with the provisions of this section, and to cause the birth of the child to be registered, and to cause the child to be buried, and to cause the child to be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 2nd 1881*

4. Place of Birth, (Street and Number) *13 21st St. Baltimore*

5. Full Name of Mother, *Elizabeth King*

6. Mother's Maiden Name, *Wittmer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William King*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. Josephine Turner*

Address, *16 16 Granby St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept-26th 1883*
4. Place of Birth, (Street and Number) *East Monument St near Chest*
5. Full Name of Mother, *Sallie Rebecca Lowman*
6. Mother's Maiden Name, *Sallie Rebecca Wait*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *George Robert Lowman*
9. Father's Occupation, _____
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, *Chas B. Legler M.D.* or other Person who makes this Return
Address, *282 N. Broadway*
Remarks, *Labor was difficult, owing to narrow-
bracted Pelvis.*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall, during the month, and shall set forth, as far as the same can be ascertained, the full name of such child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, and shall be filed in the office of the Registrar, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be its attendant upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and it shall be the duty of the parent or parents who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 11510

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September the 26, 1883*

4. Place of Birth, (Street and Number) *East N. 193*

5. Full Name of Mother, *Fara Weber*

6. Mother's Maiden Name, *Fara Gros*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Johann Weber*

9. Father's Occupation, *Stone Cutter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *H. Keller, N. 193*

Remarks,

SECTION 6. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the same, and shall be liable to be called upon to produce the same, and shall be liable to be fined by the Commission of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; the sex, color, the full name and occupation of its parent, in the form of a certificate, between the first and third day of each and every month, in the hands of the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance when the same shall occur, the person so attending shall be liable to a fine of ten dollars for each offense, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 26, 1883*
4. Place of Birth, (Street and Number) *E. Fayette St. 1912*
5. Full Name of Mother, *Mrs. M. Smith*
6. Mother's Maiden Name, *Mrs. Clark*
7. Mother's Birthplace, *Delaware City*
8. Full Name of Father, *Thomas Smith*
9. Father's Occupation, *Carroll's in Delaware*
10. Father's Birthplace, *State Pennsylvania, U.S.*

Name of Medical Attendant, or other Person who makes this Return

Address, *1. Dallas St. 1926*

Remarks, _____

"I, the undersigned, being a physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, September 27th
4. Place of Birth, (Street and Number) no 91 china st
5. Full Name of Mother, Mary Cathrine Kloner
6. Mother's Maiden Name, Mary Cathrine Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry E. Butler
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs Lydia Porter
or other Person who makes this Return
- Address, no 4 poppleco avenue
- Remarks, healthy child

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

1751

OCT
4
1933

451

1. Black
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 261. Black
 262. Red
 263.

H. C. MITCHELL & CO., CITY PRINTERS AND STATIONERS.

16519

OCT
4
1883

—

- Handwritten:*
- 10
Sept 1968
- No 1 Current
- Fannie Harney
Harris
Maryland
Joseph Harney
Froesman
St. Lawrence

Mary Wood

328) Euler 57

W. F. MEYER & CO., CITY PRINTERS AND STATIONERS.

1. I am any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d & 3d.* OCT 1883
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *G.*
3. Date of Birth, *Sept 27th. 1883*
4. Place of Birth, (Street and Number) *No. 90 W. Gilman St.*
5. Full Name of Mother, *Annie Collins*
6. Mother's Maiden Name, *Shawbridge*
7. Mother's Birthplace, *Howard Co.*
8. Full Name of Father, *Geo. Collins*
9. Father's Occupation, *In. Internal Rev. Service*
10. Father's Birthplace, *Howard Co.*
Name of Medical Attendant, or other Person who makes this Return *C. N. Meff*
Address, *306 W. Fayette St.*
Remarks, *Twins. One broke the vertex presentation*

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Sept. 27, 1883*

4. Place of Birth, (Street and Number) *No 71 N. Arlington Avenue*

5. Full Name of Mother, *Anna Allen*

6. Mother's Maiden Name, *Coats*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Benz. Allen*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who
makes this Return

Address, *306 N. Gay St.*

Remarks,

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17322

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 children
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 27 Oct 1875
4. Place of Birth, (Street and Number) 1274 Howard St
5. Full Name of Mother Sarah Brown
6. Mother's Maiden Name Sarah Horner
7. Mother's Birthplace Tyler County Md
8. Full Name of Father Samuel Brown
9. Father's Occupation laborer
10. Father's Birthplace Kent Island
- Name of Medical Attendant, or other Person who makes this Return. Rosabel Horner
- Address 322 Hambridge St
- Remarks _____

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births occurring within the city, and shall cause to be entered in the same the name of the mother, the name of the child, the sex, color, the date of birth, the place of birth, the name of the medical attendant, the name of the person who makes the return, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. 27 September

4. Place of Birth, (Street and Number) No 4 Spring garden st.

5. Full Name of Mother, Therestina Simey

6. Mother's Maiden Name, Henrietta Lohr

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Leclerman Simey

9. Father's Occupation, hard carrier

10. Father's Birthplace, Queen Ann county Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. J. J. Gray

Address, No 12 Plum alley

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall transmit by mail, to the Registrar of Vital Statistics, Baltimore, a copy of the same, to be retained by him, and to be furnished by him to the Board of Health, Baltimore, at the time and in the manner directed by the Board of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parent, the day and month of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth of the child, and the name of the hospital, or of the place, where the birth of the child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, should on other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so in attendance upon the mother, to sign the schedule, and to forward it to the Registrar of Vital Statistics, Baltimore, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

June **RETURN OF A BIRTH** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27. Sept. 1883.*
4. Place of Birth, (Street and Number) *Balto. Jefferson St No 259.*
5. Full Name of Mother, *M. Malbilich*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Chas Malbilich*
9. Father's Occupation, *Cutter*
10. Father's Birthplace, *Germany.*
- Names of Medical Attendant, or other Person who makes this Return *Mary Koptish*
- Address, *59 W Washington St*
- Remarks, *Mary Koptish*

[illegible]

2052 ✓
Baltimore City
OCT 1961

Dec 11

21 May
White

White.

September 27 1812

12th of January 28

Cratella Lake

1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 25

Attorney at Law

Names of Lake

Painter 79.ince.

of Baltimore and of a

Mrs Hagnah Knowles

136 South Caroline Street

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and is hereby required to keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Committee on the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or without the attendance of a person who shall hereafter fail to comply with the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Sept 27th 1883*
4. Place of Birth, (Street and Number) *148 Chesapeake St*
5. Full Name of Mother, *Wilhelmina Kingst*
6. Mother's Maiden Name, *Bastel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Reinhold Kingst*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Elizabeth Best*
- Address, *120 Bank St.*
- Remarks, _____

OCT
2
1883

That any Physician, seccucubour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Sept. 27th 1882.
4. Place of Birth, (Street and Number) 69 21 Bayview St.
5. Full Name of Mother Mary L. Brown.
6. Mother's Maiden Name " " " "
7. Mother's Birthplace Balto. Md.
8. Full Name of Father John L. Brown.
9. Father's Occupation Boiler-maker.
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. J. G. Smith.
- Address 634 Light St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *27th Sept*
4. Place of Birth, (Street and Number) *No 33, Gibbons Court*
5. Full Name of Mother, *Lizzie Simonmons*
6. Mother's Maiden Name, *Edwards*
7. Mother's Birthplace, *Richmond, Va*
8. Full Name of Father, *Oliver Simonmons*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Lizzie Blackie
4-3 Carlton St
Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

H330

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

NOT
RECORDED

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 27 1893

4. Place of Birth, (Street and Number)

29 Avenue Hill Ave

5. Full Name of Mother.

Mary Jane

6. Mother's Maiden Name.

Mary

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

John Hare

9. Father's Occupation,

Artist

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs C. H. Hensley

Address,

345 Penna ave

Remarks,

exact register of such birth and shall enter the same in a book to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day of its birth, the day of its registration, between the first and third day of each month, and the name of the physician, or of a practitioner of medicine, or of a midwife, who attended the birth of any child shall occur without the attendance of a physician, immediately thereafter, it shall then become the duty of the mother or parent of such child to report its birth to the Board of Health, in the manner, and within the period, to be prescribed by the Board of Health, and to the satisfaction of the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. F.D. 331

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 Sept.

4. Place of Birth, (Street and Number)

117 Albemarle

5. Full Name of Mother,

Annie Potchfirth

6. Mother's Maiden Name,

Obrine

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas C. Potchfirth

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

2, E. Lombard Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4

1. Sex, (state whether male or female)

4 males

2. Race or Color, (if not of the white race)

1/2 White

3. Date of Birth,

September 27 1883

4. Place of Birth, (Street and Number)

in 78 Stricker St Bal

5. Full Name of Mother,

Margaret Benedy

6. Mother's Maiden Name,

Margaret McCarthy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. Kennedy

9. Father's Occupation,

Labors

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs J. Kelley

Address,

792 Pratt St Bal

Remarks,

RETURN OF A BIRTH.

H 333

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP.
29
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 27 1883*
 4. Place of Birth (Street and Number) *40 Fort av*
 5. Full Name of Mother *Louise Elsner*
 6. Mother's Maiden Name *Gehring*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Joseph Elsner*
 9. Father's Occupation *Engineer*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Q. A. Cooke MD*
 Address *710 Fort av*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *September 27th 1880*

4. Place of Birth, (Street and Number) *19 W. Ave. St.*

5. Full Name of Mother, *Russiah Levin*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *David Levin*

9. Father's Occupation, *Redder*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *Mrs. C. Bernstein*
or other Person who makes this Return

Address, *113 E. Lombard St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

16335

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
3
1893

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 27th 1893*
4. Place of Birth (Street and Number) *124 S. Eden*
5. Full Name of Mother *Elyza Jones*
6. Mother's Maiden Name *Elyza Perrell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Louis D. Jones*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. S. Keywood*
- Address *171 N. Calvert*
- Remarks

exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name can be ascertained, the sex, the date of its birth, and the date of its delivery, and the day of its verification, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person or persons who shall hereafter fall to comply with the provisions of this section, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wlt

3. Date of Birth, Sept. 27. 1883 2.30 a. m.

4. Place of Birth, (Street and Number) 219 Madison ave.

5. Full Name of Mother, Carrie A. Toneyhill

6. Mother's Maiden Name, " " McElister

7. Mother's Birthplace, New York

8. Full Name of Father, G. Lane Toneyhill

9. Father's Occupation, Physician

10. Father's Birthplace, Penna

Name of Medical Attendant, or other Person who makes this Return G. Lane Toneyhill

Address, 219 Madison ave.

Remarks, This little gentleman is too precocious by two months, but we prognosticate for him a

and any physician, apothecary, midwife, or other person in charge, who shall attend, send or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 27 1883

4. Place of Birth, (Street and Number) 168 S Howard St

5. Full Name of Mother, Annie Bell

6. Mother's Maiden Name,

7. Mother's Birthplace, E. K.ville Maryland

8. Full Name of Father, James Bell

9. Father's Occupation, Sailor

10. Father's Birthplace, Culpeper Virginia

Name of Medical Attendant, or other Person who makes this Return

Address, 71 Burgundy Alley

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

H239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept. 27, 1883 - 8.45 A.M.*

4. Place of Birth (Street and Number) *186 N. Calhoun st.*

5. Full Name of Mother *Rose Reynolds*

6. Mother's Maiden Name *Rose Berger*

7. Mother's Birthplace *Wheeler Island, N. Va.*

8. Full Name of Father *John D. Reynolds*

9. Father's Occupation *Jeweler. (H. B. & Co.)*

10. Father's Birthplace *Sturteville, Ohio.*

Name of Medical Attendant, or other Person who makes this Return. *E. H. Holbrook, M. D.*

Address *185 N. Carey st.*

Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Commissioner of Health, with a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full names of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, to whom the child is committed, and the date of its birth, and the date of its registration, between the first and third day of each and every month to the nearest of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, should any person be in attendance upon the mother immediately thereafter, it shall then become the duty of such person to register the birth of such child, and to file the same in the office of the Commissioner of Health, within the period above required, except in the cases of this birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 16301

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 27, 1883*

4. Place of Birth, (Street and Number) *Durham A. 1925*

5. Full Name of Mother, *Harigune Senlein*

6. Mother's Maiden Name, *Harigune Biele*

7. Mother's Birthplace, *Wiesbaden, H. Prussia, Germany*

8. Full Name of Father, *Nicholas Senlein*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Eschweiler, H. Prussia, Germany*

Name of Medical Attendant, _____

or other Person who makes this Return

Address, *N. Dallas St. V. 26*

Remarks, _____

careful register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall not forth, as far as the same can be ascertained, the full name of each child at any time shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, who shall file the same in the office of the Registrar, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at variance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner and form provided by the Registrar, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

color

3. Date of Birth.

September 28 1883

4. Place of Birth, (Street and Number)

173 redman court

5. Full Name of Mother,

Sarah Cornell

6. Mother's Maiden Name,

Sarah Chamber

7. Mother's Birthplace,

Dorchester County

8. Full Name of Father,

Charles Henry Chamber

9. Father's Occupation,

operator Shucker

10. Father's Birthplace,

Dorchester County

Name of Medical Attendant, or other Person who makes this Return

Midwife

Address,

Mary Chase

Remarks,

111 gristmill court

77313

OCT
 10
 1953

1 birth

661

West

28 September

Kastelstr. 166

Mrs. Barns

" " Eden

Baltimore

Michael Burns

Baronbei

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er other Person who
makes this Return

Lombard St. 288

Ans Brauer

U. S. POST & TELEGRAPH OFFICE AND STATIONERY

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a line for the name of the mother, a line for the name of the child, a line for the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days after the birth of the child, to the nearest Registrar of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and the Registrar of Health shall receive the same, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28th 1883

4. Place of Birth, (Street and Number)

13 Jefferson St

5. Full Name of Mother,

Mary Ehrlein

6. Mother's Maiden Name,

Jimmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Ehrlein

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

S. W. Alden M.D.

Address,

S. E. Cor. Eager and Caro Streets

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause to be made and kept a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place where it was born, the names of the persons attending at the birth, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall have been present at the birth, to cause the same to be recorded, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thin OCT 6 1883
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28th 1883
4. Place of Birth, (Street and Number) 401 E Madison St
5. Full Name of Mother, Elizabeth Hester
6. Mother's Maiden Name, Whitely
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, William Hester
9. Father's Occupation, Machinist
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return J H Seldner M.D.
- Address, 10 Cor Bay and Caroline Sts
- Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3

1. Sex, (state whether male or female)

3 Males
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 28. 1883

4. Place of Birth, (Street and Number)

54 Dover St Bal

5. Full Name of Mother,

Estate Shields

6. Mother's Maiden Name,

Estate Murphy

7. Mother's Birthplace,

Montgomery County Md

8. Full Name of Father,

William fields

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Montgomery County Md

Name of Medical Attendant, or other Person who makes this Return

Mrs J. Kelley

Address,

742 Pratt St Bal

Remarks,

17318

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Found

Q. 1

1984-188

#486 G. L. J. S.

Chas. C. Phelps

Bye-bye

B. H. Moore

William Lloyd

Muscle-cutters

Baltimore

Dear Helga:

189 E. Union St. - St.

RAY & SON, CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 28 September

4. Place of Birth, (Street and Number) 78 E. Bond St

5. Full Name of Mother, Rachel Greenberg

6. Mother's Maiden Name, " Pines

7. Mother's Birthplace, Poland

8. Full Name of Father, Bernard Greenberg

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return

Thos Rosa Ullig

Address,

48 Holland St

Remarks,

Ball

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each month, forward to the Board of Health a statement of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 28th 1883

4. Place of Birth, (Street and Number)

210 77 Gullman's Alley

5. Full Name of Mother,

Annie Reeb

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Reeb

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Pennsylvania

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11/3/83

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28th 1883

4. Place of Birth, (Street and Number)

146 San Antonio St.

5. Full Name of Mother,

Agate Williams

6. Mother's Maiden Name,

Butcher

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Thomas M. Minich

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Henry Hillyard

Address,

152 E. Howard St.

Remarks.

77324

007
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1883

174

Bill

White

18th of September 1885

Dear Mr. Child, I feel

Marjorie ... K. S. ...

Mary Ann Miller.

Guerrero

Geo. Becker

Trilob.

Bernard

or other Person who
makes this Return

11 North Chapel St. for John H. Russell.

Healthy.

P. H. FULT & SONS, LTD., PRINTER AND STATUINERS.

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

82

RETURN OF A BIRTH

66357

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
2
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28th 1893

4. Place of Birth, (Street and Number)

N. 7th St. between E. & W. Streets

5. Full Name of Mother,

Jessie Duran

6. Mother's Maiden Name,

Gold

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Duran

9. Father's Occupation,

Iron Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

C. Schmitt

Address,

318 N. 7th St.

Remarks,

178356

OCT 1 1963

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Amen to

11-1-60

September 28th, 1883

No. 88 North Bond Street

Mrs. Annie Melissa Hall

Miss A. M. Adams

Online County Manual

Mrs. Ann M. Hall

Summer

Clark & Nevada

Wm H. Clendenen, Jr., D.

No 108 H. Barnaby

Remarks,

B. FLETCHER & SONS, PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66357

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) _____

1. Sex (state whether Male or Female) _____

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept 28 1883

4. Place of Birth (Street and Number) Del 21 101 Baltimore

5. Full Name of Mother Annie G Foster

6. Mother's Maiden Name Annie G Montgomery

7. Mother's Birthplace Church Creek Dorchester Co. Md.

8. Full Name of Father Daniel Foster

9. Father's Occupation Oyster Shucker

10. Father's Birthplace Church Creek Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Emilie Hughes

Address 15136 York St

Remarks _____

of Baltimore, under whose charge or superintendence birth shall hereafter take place, shall keep at the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the preceding month, and shall be submitted, at the expiration of the month, to the Commissioner, by name shall have been conferred, in sex, color, the full name and the date of birth, and the place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Commissioner of Health, on or before the first day of each and every month. In case the birth of any child shall occur without the aid of a physician, the parent or parents of such child shall be bound to report the same to the Commissioner of Health, and the said parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, which the Board of Health may direct. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, which the Board of Health may direct, shall be neglected, and any person or persons who shall hereafter fail to comply with the provisions of this article, shall be liable to a fine of ten dollars for each offence, to be recovered as other laws in this regard are recoverable.

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Pennell

September 28, 1893

RECEIVED
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U.S. AIR FORCE
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Dr. J. C. Conner.

Doct. Schneider

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Joseph H. Wood

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Baltimore

Normie Levine

545 J. M. ...

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

Over
6639

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21 Joseph Joshua Royston
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 28 1885
4. Place of Birth, (Street and Number) former St Paul & Hamilton
5. Full Name of Mother, Richy Royston
6. Mother's Maiden Name, Richy Citel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (Royston) Royston
9. Father's Occupation, _____
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs C Mcemmel
- Address, 345 Penna Ave
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Friday Evening 1/2.7. Sept 28th*
4. Place of Birth (Street and Number) *No. 3 Baltimore Nelsons Coast*
5. Full Name of Mother *Ellen Sevoy ~~John S. Sevoy~~*
6. Mother's Maiden Name *Sarah Ann Hebborn*
7. Mother's Birthplace *Baltimore St. below Broadway Balto*
8. Full Name of Father *John S. Sevoy*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Con. of Howard and Conway Sts*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Births. This schedule shall contain a list of the births which have occurred under the care of the Registrar of Births, and shall be kept in a book to be kept in the Registrar's office. The Registrar of Births shall be responsible for the accuracy of the register, and shall be liable to a fine of ten dollars for each false entry, and to a fine of ten dollars for each omission. The Registrar of Births shall also be responsible for the accuracy of the register, and shall be liable to a fine of ten dollars for each false entry, and to a fine of ten dollars for each omission. The Registrar of Births shall also be responsible for the accuracy of the register, and shall be liable to a fine of ten dollars for each false entry, and to a fine of ten dollars for each omission.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 28th 1886*

4. Place of Birth, (Street and Number) *153 South Washington Street*

5. Full Name of Mother, *Hannah C. Kerr*

6. Mother's Maiden Name, *" " McDonald*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Kerr*

9. Father's Occupation, *Ship Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *James J. McDonald, M.D.
417 East Pratt Street*

Remarks,

Oct 2 1886
ATTN OF

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
2
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 28th 1883
4. Place of Birth, (Street and Number) Bal. Road
5. Full Name of Mother, Lavinia Harrison
6. Mother's Maiden Name, Springfield
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles J. Harrison
9. Father's Occupation, Baltimore
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Wm. Henry Millwright
- Address, 132 E. 2nd St. Balt. City
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *66363*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 28th 1883*

4. Place of Birth, (Street and Number) *78 Bloomer*

5. Full Name of Mother, *Lida Lillian*

6. Mother's Maiden Name, *Lida Oliver*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Dr. J. W. L. L. L.*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *G. W. L. L. L.*

Address, *121 W. Hanover St.*

Remarks,

H 17364

1893 197E

Third Child

Male

White

25th Sept. 1893.

385 Eastern Ave.

Sophie Jinnagel

Marsch

Baltimore.

George Linguaglie

Butcher

Baltimore.

My dear Wiley.

No. 12 Patterson Park Ave.

Remarks, ..

2. FIFTY & ONE CITY PRINTERS AND STATIONERS.

This city physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 28th

4. Place of Birth, (Street and Number)

88 S. Fremont St.

5. Full Name of Mother,

Augusta Rode

6. Mother's Maiden Name,

Stinckel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Rode

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

W. S. Buddenbom M.D.

Address,

166 S. Pearl St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. Ten No. 10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 28.

4. Place of Birth, (Street and Number)

154 North Dallas St

5. Full Name of Mother,

Josephine Roles

6. Mother's Maiden Name,

Josephine Pierce

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Wm H Roles

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Elizabetha

Name of Medical Attendant,

or other Person who makes this Return

Ann Dunbar

Address,

122 North Dallas St

Remarks,

to be filled out by the father, mother, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
12 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C.
3. Date of Birth, 287 Sept. 28. 1883
4. Place of Birth, (Street and Number) 287 Ralway St
5. Full Name of Mother, Mary Strother
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balt.
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, Pa.
- Name of Medical Attendant, or other Person who makes this Return C. M. Neff
- Address 306 N. Capitol St
- Remarks, "

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 29th 1883

4. Place of Birth, (Street and Number) 5 McEldery

5. Full Name of Mother Mary Weinberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Poland

8. Full Name of Father, Jacob Weinberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. G. Brundage

Address, 1136 Lombard St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sept 29 1883*
4. Place of Birth, (Street and Number) *55 Center st*
5. Full Name of Mother, *Josephine Bradford*
6. Mother's Maiden Name, *Wells*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James J. Bradford*
9. Father's Occupation, *Produce Dealer*
10. Father's Birthplace, *Washington D. C.*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin*
- Address, *124 N. Eyster st*
- Remarks,

OC
3
1883

exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commis-
 sioner of Health. This schedule shall contain a list of ten births which have occurred under his or her care
 during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its
 sex, race or color, date of birth, and the name of the physician, or of a practitioner of midwifery, or
 of a nurse, or of a person who has attended the birth, and the date of the birth, and the date of the
 certificate, between the first and third day of each and every month, to the Board of Health. In case the
 birth of any child shall occur within the attendance of a physician, or of a practitioner of midwifery, or
 of a nurse, or of a person who has attended the birth, the name of such person shall be entered on the
 schedule of the Board of Health, and the name of such child to report its birth to the Board of Health, in the manner, and
 within the period above required, except in the cases of the birth and death of illegitimate children, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 29th 1883*

4. Place of Birth, (Street and Number) *5011 Quequith St*

5. Full Name of Mother, *Mary Elizabeth Delaunty*

6. Mother's Maiden Name, *Sanders*

7. Mother's Birthplace, *Dorchester Co. Md*

8. Full Name of Father, *William Delaunty*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. Seldner M.D.*

Address, *S. O. Grier & Co. Druggists*

Remarks,

[illegible]

14311

First Child
Little Boy
White

Little Boy 1883

W. L. L.

29. September 1883

Baltimore No. 33. No. Fulton

Mrs. Amelia. Genzor

Mrs. Anna Schult

in Wertenberg, Germany

for Hertenberg, Germany
William Genovese

Shoe Factory

in Bairen Germany.

or other Person who
makes this Return

Mrs. Keller

1017 Draft at city

Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

H 372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child

OCT
6
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Sept- 29th 1883

4. Place of Birth, (Street and Number)

5 Albemarle St

5. Full Name of Mother,

Jessie Beyer

6. Mother's Maiden Name,

Richardson

7. Mother's Birthplace,

Prussia Germany

8. Full Name of Father,

Godfrey Beyer

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Prussia Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm R. Volney

Address,

48 Hallam St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

27

RETURN OF A BIRTH

66373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 29th

4. Place of Birth, (Street and Number)

Winter St

5. Full Name of Mother,

Annice Fletcher

6. Mother's Maiden Name,

Annice Brown

7. Mother's Birthplace,

Sumr Hill Md

8. Full Name of Father,

John Fischer

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other Person who makes this Return

Mary Brown

Address,

all doing well

51 Leadenhall St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the Registrar of Births, and shall be filed in the office of the Registrar of Births, and shall be subject to the inspection of the Board of Health. The Registrar of Births shall also be required to keep a record of the place of its birth, and the said schedule shall be delivered, duly signed by the Registrar, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child in reporting its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the Registrar of Births to report the same to the Board of Health, and in such case the Registrar shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Wellman Lovell
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 29, 1883*
 4. Place of Birth, (Street and Number) *19 S. Ann St.*
 5. Full Name of Mother, *Sophia W. Lovell*
 6. Mother's Maiden Name, *Sophia W. Stansbury*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Henry L. Lovell*
 9. Father's Occupation, *Chemist*
 10. Father's Birthplace, *Maryachusetts*
- Name of Medical Attendant, or other Person who makes this Return *J. W. Henck MD*
- Address, *75 E. Balto. St.*
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

21
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 29 1893*
4. Place of Birth, (Street and Number) *441 Baltimore St*
5. Full Name of Mother, *Edith Beam*
6. Mother's Maiden Name, *Edith Jewell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Beam*
9. Father's Occupation, *Turner Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm Meserby Chl*
- Address, *375 Penna Ave*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

October 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female)

Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 29 1883

4. Place of Birth (Street and Number)

259 South Bond st

5. Full Name of Mother

Ella Quirk

6. Mother's Maiden Name

Ella Dixon

7. Mother's Birthplace

England

8. Full Name of Father

John Quirk

9. Father's Occupation

Labour

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Smith

Address

Name of Child Edward Quirk

Remarks

[illegible]

76227
Baltimore City

c.) 2, C. mild
Female.

Female.

[Faint, illegible handwritten text]

September 29/83.

N.º 129. Cullia. av

Anne, Weimer.

Reise

Baltimore

John. Weibers

Polsterer,

Baltimore

Ann. Ginner

Ne 45. L. Abnormal L.

[illegible]

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the name of the mother, the date and place of its birth, and the sex of the child. The certificate, between the first and third day of each and every month, to the board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the board of Health, the person so attending shall be liable to a fine of ten dollars, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 29th*

4. Place of Birth, (Street and Number) *No. 370 Monument St*

5. Full Name of Mother, *Augusta Kainfehn*

6. Mother's Maiden Name, *Thiemer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Kainfehn*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. P. H. H. H.*

Address, *No. 10 Franklin St*

Remarks,

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

66379
DIT
2
1892

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th of Sept

4. Place of Birth, (Street and Number) No 250 E. Chase St.

5. Full Name of Mother, Helen Seyrer

6. Mother's Maiden Name, Helen Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Seyrer

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mary Walter

Address,

125 N. Caroline St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file a return of the same in the office of the Registrar of Vital Statistics, Baltimore City, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parent, the day and month of its birth, the name of the practitioner of medicine or surgery, between the first and third day of its birth, and whether the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar to cause the same to be entered in the books of Health, in the manner, and within the period above required, except in the cases of births occurring in the case of a stillborn child, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept 29th 1883*
4. Place of Birth, (Street and Number) *242 Carlton Ave*
5. Full Name of Mother, *Mary E Gerlach*
6. Mother's Maiden Name, *E. Metzger*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Freitz Gerlach*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Metzger*
- Address, *120 Bank st*
- Remarks,

[illegible]

71 RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 11 1911 1883

4. Place of Birth, (Street and Number) 160 Chesapeake St.

5. Full Name of Mother, Anna Schwart

6. Mother's Maiden Name, Stauch

7. Mother's Birthplace, _____

8. Full Name of Father, Jacob Schwartz

9. Father's Occupation, *Business makes*

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bell

Address.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 29th 1893

4. Place of Birth, (Street and Number)

161 N Lombard - Maternity

5. Full Name of Mother,

Maggie Cramer

6. Mother's Maiden Name,

-

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

E. J. Tucker

Address,

161 N Lombard

Remarks,

///

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
1
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 29th 1883*
4. Place of Birth (Street and Number) *No. 9 Bolton Alley*
5. Full Name of Mother *Mary Elizabeth Smith*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Samuel Edwards*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*J. W. Glocker M.D.
No. 90 Division St*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
11
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Sept 24*

4. Place of Birth (Street and Number) *St Mary 81-22*

5. Full Name of Mother *Laura Virginia Boyer*

6. Mother's Maiden Name *Laura G. Boles*

7. Mother's Birthplace *Frederick County*

8. Full Name of Father *Richard Boyer*

9. Father's Occupation *Porter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Jane Baker*

Address *66 Birdie alley*

Remarks

[illegible]

Baltimore City.

Third Child

And

1710

29 of September 1883

40.5 Eastern Ave.

Marv Beckhold.

Mary Burdick

E. B. Moore

Feb. 1. 1884

C. J. Jones

... ..
... ..
... ..

Germany.

Chas. Kelley

on Sept. 10

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the particulars which have occurred under his or her care, and shall be filled up by the attending physician, or other person who shall hereafter fall in compliance with the provisions of this section, and shall be subject to a fine of ten dollars for each offence, to be recovered in civil action, to be recovered in the manner and in the manner of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

OCT

1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 29th 1883

4. Place of Birth, (Street and Number)

9 1/2 Chestnut St

5. Full Name of Mother,

Mary Young

6. Mother's Maiden Name,

Mary Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Young

9. Father's Occupation,

Crozier Shucker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5. Forrest St

Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept 11th 1899*
 4. Place of Birth, (Street and Number) *Maple St 2141 4 11*
 5. Full Name of Mother, *Meta Madson*
 6. Mother's Maiden Name, *Meta Smith*
 7. Mother's Birthplace, *Chesapeake Bay Virginia*
 8. Full Name of Father, *John Madson*
 9. Father's Occupation, *Teacher*
 10. Father's Birthplace, *Chesapeake Bay Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. J. Harrison*
- Address *224 Maple St*
- Remarks

RECORDS OF VITAL STATISTICS IN THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, and/or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *66390*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 29/1883*

4. Place of Birth, (Street and Number) *# 590 Franklin St.*

5. Full Name of Mother, *Saline Clarke*

6. Mother's Maiden Name, *Kemp*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Albert Clark*

9. Father's Occupation, *Public School Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *H. L. Spicer M.D.*

Address, *387 W. Lombard St.*

Remarks,

OCT 29 1883

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Committee on Vital Statistics, and shall file the same in the office of the Registrar of Vital Statistics, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, and the Registrar shall cause the same to be filed in the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and by the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 birth OCT 10 1891

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) West

3. Date of Birth, 24 September

4. Place of Birth, (Street and Number) East Ave. No 445

5. Full Name of Mother, Lizzi Berg

6. Mother's Maiden Name, " Zeidler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Heinrich Berg

9. Father's Occupation, _____

10. Father's Birthplace, Baltimore

Name of Medical Attendant, _____ or other Person who makes this Return

Address, Lombard St. No 248

Remarks, Mrs. Maures

By any physician, accoucheur, midwife, or other person in charge, who shall attend, and/or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66392

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~Sept 29th~~ 101
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 29th

4. Place of Birth, (Street and Number)

246 Franklin St

5. Full Name of Mother,

Mrs. Eliza Orill

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Timothy Orill

9. Father's Occupation,

Labourer

10. Father's Birthplace,

D.C.

Name of Medical Attendant,

or other Person who
makes this Return

J. H. Hill M.D.
448 Franklin St.

Address,

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

and or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 66393

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) black

3. Date of Birth, Sept 29th 1883

4. Place of Birth, (Street and Number) 5 N Spring st

5. Full Name of Mother, (Dawson)

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mr. B. B. Bellingham
256 E. Boston st

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 163911

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OCT
22
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 22^d September
4. Place of Birth, (Street and Number) 5 Randall St
5. Full Name of Mother Matilda Minster
6. Mother's Maiden Name Matilda Grauling
7. Mother's Birthplace Baltimore
8. Full Name of Father Baltimore Street Minster
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson
- Address 16. 10. Barney St
- Remarks mother in delicate health; child doing well

1. Every person practicing midwifery in the City of Baltimore, under whose charge or direction a birth occurs, shall be required to furnish to the Commissioner of Health, a birth certificate, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, to whom the child was delivered, and the name of the mother, and the name of the father, and the name of the place of birth, and the name of the hospital, or of the person to whom the child was delivered, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

11395
 1st

Female

White

September 29th 1883

No. 48 O'Donnell St.

Mrs. Alice Wagner

Miss Alice Fuller

Baltimore, Md.

Rev. George Wagner

Laborer

Baltimore, Md.

Mrs. Charles A. Wagner

No. 123 S. Baltimore St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT
4
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 29/93

4. Place of Birth, (Street and Number)

126 Blissmont Ave

5. Full Name of Mother,

Sophia E. Snyder

6. Mother's Maiden Name,

" Heim

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

John Snyder

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other person who makes this Return.

Wm. Mansfield M.D.

Address,

117 E. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

H397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 29 / 1883

4. Place of Birth, (Street and Number)

140 Sullivan

5. Full Name of Mother,

Ellen Moore

6. Mother's Maiden Name,

" Hopkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

N. Moore

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Mansfield Wood

Address,

Remarks,

[illegible]

OCT
1623

2

May

1. *Let*

44-5453

2643 Hammer 21

Minnie Subold

"Hudson."

Беломор

Charles Fickel

Цыганская

Baltimore

Mary K. O'H.

323 f. Euler 57

Hypo

OCT
3
1987

7 th

female

Sept. 30/83.

46 Granby St.

Wilhelmina Eugenia Lang
" " Volk

Baltimore

Fred. Otto Lang
Teacher

Bavaria

son who
destroys

Mrs. Booth

4 Monument St.

Address. 155 L.G. cor. Central av. Monument St.

Remarks, All Well

If, however, under these charges or superintendencies, birth shall nevertheless take place, the mother shall keep a true account of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the facts permit, the names and positions of the parents, the day and place of its birth, and the solid schedule shall be delivered, duly signed, by the superintendent, in the form of a certificate, between the first and third day of each and every month. In case the birth of an child shall be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report to the Board of Health, in the manner, and within the period above permitted, except in the cases of the births and deaths of illegitimate children, and any person found guilty for each offense, to be assessed, as other laws and penalties are severally provided, for each offense, to be assessed, as other laws and penalties are severally provided.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

September 30 1883

3. Date of Birth,

4. Place of Birth, (Street and Number)

100 York st

5. Full Name of Mother,

Maggie Dvenny

6. Mother's Maiden Name,

Fahey

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Gregory Dvenny

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who
makes this Return

H W Webster

Address,

57 Barron

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 66182

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 30th 1883
4. Place of Birth, (Street and Number) 2004 Light St
5. Full Name of Mother Mary Ann Schilling
6. Mother's Maiden Name Mary Ann Lyons
7. Mother's Birthplace Maryland
8. Full Name of Father Adolph Schilling
9. Father's Occupation Lafarer
10. Father's Birthplace Maryland
Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Small midwife
Address 317 Fort Avenue
Remarks mother and child doing well

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if known), the date of its birth, the place of its birth, and the date of its registration. The schedule shall be signed by the physician, or of a practitioner of midwifery, or of a person duly qualified to attend to the business of a birth, and shall be filed in the office of the Commissioner of Health, between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person duly qualified to attend to the business of a birth, the parent or parents of such child shall be required to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered at other times and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Sept 30 1883
4. Place of Birth, (Street and Number) 103 Chestnut Alley
5. Full Name of Mother, Susan Wilson
6. Mother's Maiden Name, Susan Brightman
7. Mother's Birthplace, West River
8. Full Name of Father, George Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Ample
- Name of Medical Attendant, or other Person who makes this Return Charles Proctor
- Address, 10 Carlton St
- Remarks, _____

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact copy of the birth record, and shall enter the same on a blank schedule to be furnished by the Registrar during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, midwife, or other person attending the birth, the name of the place of birth, the name of the mother, and the name of the father, and shall certify, between the first and third days of the month, the day and hour of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person attending the birth to report the same to the Registrar, or to the nearest health officer, within the period above stated, in the manner and form provided for by the laws of this State, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 30, 1883

4. Place of Birth, (Street and Number)

324 Hamburg Street

5. Full Name of Mother,

Elizabeth Baker

6. Mother's Maiden Name,

Elizabeth Schumann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Baker

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. M. W. W. W.

Address,

1, Larchmont Street

Remarks,

7/18/01

1883

to (c.) Margaret Haesloop

Female.

2/3 bite

30 September, 1883

123 Conway Street

Julia F. Haskock

Julia F. Schmidt Schmidt

Baltimore, Md

Österreich Hausloch.

Boxmaker

Baltimore Md.

Schiffen

1. Successful Will

Remarks, _____

Has any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
9 1
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20th
4. Place of Birth. (Street and Number) No 90 Columbia Ave
5. Full Name of Mother, Annie Mcnamara
6. Mother's Maiden Name, " Buckley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mcnamara
9. Father's Occupation, Police
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Wm. Henry Corrigan
- Address, 112 East St
- Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

I, the undersigned, being a resident of the City of Baltimore, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the City of Baltimore, and that the same is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the City of Baltimore, and that the same is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sunday, September 30th, 1883.*
4. Place of Birth, (Street and Number) *220 Hanover St.*
5. Full Name of Mother, *Rebecca Ann Warren.*
6. Mother's Maiden Name, *Rebecca Ann Bailey.*
7. Mother's Birthplace, *Cent. Co., Md.*
8. Full Name of Father, *George B. Warren*
9. Father's Occupation, *Steador*
10. Father's Birthplace, *Richmond, Va.*
Name of Medical Attendant, or other Person who makes this Return, *Sarah A. Jones*
Address, *15 Conway St.*
Remarks, *The child is healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 9 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 30 1883*
4. Place of Birth, (Street and Number) *No 654 W. Baltimore street*
5. Full Name of Mother, *Mary Regina Davis*
6. Mother's Maiden Name, *Mary Regina Weber*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Lawrence Counselman Davis*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Susan Hunter*
- Address, *21 N. Poppleton St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, H413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Sept. 20, 1883

4. Place of Birth, (Street and Number) 245 E. Madison St

5. Full Name of Mother Celia D. Matting

6. Mother's Maiden Name "Phillips

7. Mother's Birthplace "Prussia

8. Full Name of Father Abraham Matting

9. Father's Occupation Butcher

10. Father's Birthplace Barren, Germany

Name of Medical Attendant, or other Person who makes this Return. Edward P. McEwen

Address 527 Myrtle St

Remarks

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

[illegible]

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- F. HUNT & CO., CITY PRINTERS AND STATIONERS.

H
6416
HIMMEL, C. H.

OCT.
6
1982

Female
White

- Genrale
Hute

- Wick

- Sept 30th 1883

- Wm. Hall St

- Virginia C. Hays

- 1834, Williams

- Baths

- Henry C. Harris

- Bookkeeper

- Baltimore

Theodore Cooke M. K.

146 Hannover St

Remarks, _____

W. E. HOLT & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

66417
OCT 2 1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 30 1883
4. Place of Birth, (Street and Number) 104 Asquith St.
5. Full Name of Mother Emily D. Brown
6. Mother's Maiden Name Emily D. Barber
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father John D. Brown
9. Father's Occupation Baggage Master
10. Father's Birthplace Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return. Amanda J. Harvill
Address 175 North Eden
Remarks _____

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same may be ascertained, the date, hour, place, sex, name and occupation of the parents, the day and hour of the birth, and the date and hour of the delivery. The full name and occupation of the parents, the day and hour of the birth, and the date and hour of the delivery, shall be entered on the schedule, and the schedule shall be signed by the person or persons who shall hereafter be authorized to issue birth certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the person or persons who shall hereafter be authorized to issue birth certificates, shall, upon the first day of each and every month, to the Board of Health, in the manner and form provided by law, submit to the Board of Health a statement of the birth, and the date and hour of the delivery, within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- 7/11/18* OCT 4 1883
1. Sex, (state whether male or female) *name George Beauchamp* *Male*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth, *September the 30th*
4. Place of Birth, (Street and Number) *Baltimore Light St No 224*
5. Full Name of Mother, *Josephine Beauchamp*
6. Mother's Maiden Name, *Lambert*
7. Mother's Birthplace, *Albert Co Md*
8. Full Name of Father, *George Beauchamp*
9. Father's Occupation, *waterman*
10. Father's Birthplace, *Massachusetts*
- Name of Medical Attendant, or other Person who makes this Return *Elizabeth Hathorn*
- Address, *William St No 244*
- Remarks,

7419

timore City.

Severesth.

Female

507

1393

94.17

September 30th 1883

1879 Luzerne est.

Mrs. Anna M. Norton

Miss Annie Allen

Baltimore City

Mr. Robert Rushmore

Laborer

Boatman's Cove

or other Person who
makes this Return

Mr. Rachel W. Ryan

to be Burke H.

DATE _____

IN R. FLOT & CO., CITY PRINTERS AND STATISTICIANS.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16420

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 30th 1885
4. Place of Birth, (Street and Number) 246 1/2 Grand St.
5. Full Name of Mother, M. C. H.
6. Mother's Maiden Name, White
7. Mother's Birthplace, Germany
8. Full Name of Father, John H. White
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Wm. H. White
- Address, 112 1/2 W. ... St.
- Remarks, _____

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

11421

more City.

Received of R. K. L. C.

06-7801180

1. *Amegilla*

Little Joe

... ..

1861

1. *Phragmites australis*

C. Harvey & L. M. Maxwell

1994

GIFT & CO., CITY PRINTERS AND STATIONERS

7/7/22 City

1500

Eleventh (11.)
Female
White

September 30- 1883
N. Washing

September 30- 1883
N. Washington St

123. *Planer*

Anna
" Lucas
Phemina

Bohemia
Cohn, Planer

John W.
Schumacker
Bismarck

Bohemian
Leppina Rinsal

Josephina
St

or other person who
the Return

Burne.

F. T. H. & CO., CITY PRINTERS AND STATIONERS.

7/14/73

1000

Second

Male

White

Sept 30/83

Balto No 13 St. Eutaw St

Mr. Lizzie Cameron

Miss Maggie Lindell

Charles Co Md

M^r James P. ...

Machinist

Phala delphin P.E.

Proctor M.D.

77 Newton St

Remarks.

E. MEY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

114124

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colo
3. Date of Birth Sept 30 1882
4. Place of Birth (Street and Number) 1 Clayton Row
5. Full Name of Mother Anna Thompson
6. Mother's Maiden Name _____
7. Mother's Birthplace _____
8. Full Name of Father Albert Thompson
9. Father's Occupation Steadore
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. A C Pole
- Address No 1 North Ave
- Remarks Baltimore

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st) First*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 30th 1883*
4. Place of Birth, (Street and Number) *314. Mother at*
5. Full Name of Mother, *Gussie Mason*
6. Mother's Maiden Name, *Gussie Huggins*
7. Mother's Birthplace, *Mathews Co. Va*
8. Full Name of Father, *Thomas Phillip Mason*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Glenelder Co. Va*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Hummer*
- Address, *857 Mulberry St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16426

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 Sept. 1883.

4. Place of Birth, (Street and Number) Balt. Ethel St No 174

5. Full Name of Mother, M. Novotna

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jas. Novotna

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 569 N. Washington St

Remarks,

Every person practicing midwifery in Baltimore City, who is not a member of the Board of Health, shall keep a list of the births which have occurred under his or her supervision, and shall forward the same to the Registrar of Vital Statistics, on or before the first day of the month following the month in which the births occurred, duly signed by the practitioner, in the form and manner prescribed by the Board of Health. In case of a physician, or of a practitioner of midwifery, who is a member of the Board of Health, in the manner prescribed by the Board of Health, the births shall be reported to the Registrar of Vital Statistics, in the manner prescribed by the Board of Health, and shall be subject to the provisions of this section shall be as recovered as other fines and penalties are recoverable.

Every person practicing midwifery in Baltimore City, who is not a member of the Board of Health, shall keep a list of the births which have occurred under his or her supervision, and shall forward the same to the Registrar of Vital Statistics, on or before the first day of the month following the month in which the births occurred, duly signed by the practitioner, in the form and manner prescribed by the Board of Health. In case of a physician, or of a practitioner of midwifery, who is a member of the Board of Health, in the manner prescribed by the Board of Health, the births shall be reported to the Registrar of Vital Statistics, in the manner prescribed by the Board of Health, and shall be subject to the provisions of this section shall be as recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 1st 1883*

4. Place of Birth, (Street and Number) *No. 38 Biddle St.*

5. Full Name of Mother, *A. Danner*

6. Mother's Maiden Name, *A. Beck*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles W. Wink*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *W. A. Galt*

Address, *No. 185 S.E. cor Central and Monument St.*

Remarks, *All Well*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births, and shall enter the same on a blank schedule to be furnished by the Comptroller of the City of Baltimore, and shall set forth, as far as the same can be ascertained, the full name of each child at the time of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a return of a birth, and the said schedule shall be retained by the Registrar of Vital Statistics, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 1st
4. Place of Birth, (Street and Number) 148. Leaden hall St
5. Full Name of Mother, Sophia Caroline Winck
6. Mother's Maiden Name, Weyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Winck
9. Father's Occupation, Cropper
10. Father's Birthplace, Germany
- Name of Medical Attendant; or other Person who make this Return, Mrs. Winck.
- Address, 1. Leaden hall
- Remarks,

44.30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Second

female

17/11/19

Oct. 1st.

No 4 Cornhill St

Barbara Elizabeth

Bach

Baltimore

Home Larch

Elevator man

Frederick Pitt

Mrs. Leach

439 West Pratt Street

i

[illegible]

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name of a child, which shall be furnished by the parent or nurse, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name of the physician, or of a practitioner of midwifery, or of a nurse, or of any other person, who shall be present at the birth of such child, and shall also enter the name of the mother, immediately thereafter, it shall then become the duty of the parent or nurse to report the birth of such child to the Registrar of Births, and the Registrar of Deaths, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1864/31

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 1st

4. Place of Birth, (Street and Number)

144 Pierce Str

5. Full Name of Mother,

Lizzie Roemer

6. Mother's Maiden Name,

Lizzie Hoff

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Charles Roemer

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return

Mrs Dummer

Address,

No 60 North Schuveder

Remarks,

804.32

804.32

Siemens

- Feb 5th 1958

- 118 in. long, 2 in.

- William L. Hoar

- Sioux

- 100

- Gipsy

- Biga Market

Mary & Anne. 11

P. MET & CO., CITY PRINTERS AND STATIONERS.

The certificate of birth, and the certificate of death, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.
 The certificate of birth, and the certificate of death, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.
 The certificate of birth, and the certificate of death, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

GIVEN NAME ADDED

11-15-54 (189)

2. Race or Color, (if not of the white race)

Alice May

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be subject to the provisions of this section. The exact registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the name of the child, the day of its birth, the place of its birth, and the date of its birth, and the date of its delivery, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a duly licensed physician, or of a midwife, or of a nurse, or of a person authorized by the Board of Health, the person who shall be present at the birth, and who shall be the first to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall violate the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 1 October 1883

4. Place of Birth, (Street and Number) Balto Chapel St No 118

5. Full Name of Mother, L. Myndra

6. Mother's Maiden Name, L. Forest

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Myndra

9. Father's Occupation, Labour

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Popish

Address, 69 N Washington St

Remarks, Mary Popish

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 1st - 1883

4. Place of Birth, (Street and Number)

586 Harford Ave

5. Full Name of Mother,

Louisa Johnson

6. Mother's Maiden Name,

Culke

7. Mother's Birthplace,

Balti. Co. Md.

8. Full Name of Father,

Francis Johnson

9. Father's Occupation,

Carpet Weaver

10. Father's Birthplace,

Balti Md.

Name of Medical Attendant, or other person who makes this Return

W. B. Bellinger M.D.

Address,

256 E. Princeton St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1
Female

White

October 14 1887

Lombard St No 5

Anny Anney Wierhoff

Anny Motchiker

Germany

Frank Wierhoff

Butcher

Germany

Mrs S Kelly

192 Pratt St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
29
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
October 11 1883
No 14 Gilmore st
Ida Mills
Ida Brooks
Baltimore
Thomas Mills
Noble Plater
Baltimore
Mrs S Kelly
No 792 Pratt st

1. Any physician, accou-
sist or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, August 1 - 87

4. Place of Birth, (Street and Number) 5 Chambers St

5. Full Name of Mother, Mary E. Lane

6. Mother's Maiden Name, Mary E. Leggins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leroy Lane

9. Father's Occupation, Walter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs. Annie Johnson

Address,

94 Lyson St

Remarks,

Let any physician, accoucheur, midwife, or other person in charge, when shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
6
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Oct 1st 1883

4. Place of Birth, (Street and Number)

102 E. Gay St

5. Full Name of Mother,

Elizabeth Gallon

6. Mother's Maiden Name,

Cenas

7. Mother's Birthplace,

Canton Quirch Germany

8. Full Name of Father,

Albert Gallon

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Humburg Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm R. Helling

Address,

48 W. Calver St - Baltimore

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

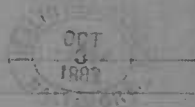
That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Irish*
3. Date of Birth *Oct. 1st 1886*
4. Place of Birth (Street and Number) *No. 508 Lexington st.*
5. Full Name of Mother *Mary Curtis*
6. Mother's Maiden Name *Mary Doyle*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Denis Curtis*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. F. B. Gardner*
- Address *120 N. Greene St.*
- Remarks



of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of every birth, and shall enter the name on a blank schedule to be furnished by the Comptroller of the City, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the age of the mother at the time of its birth, and shall also enter the name of the practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery, or of any other person be in attendance upon the mother, to sign the schedule, and to forward it to the Registrar of Births, in the manner, and at the time, and to the place, hereinafter provided for, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 1st 1883*

4. Place of Birth, (Street and Number) *Eastern Av. 1975*

5. Full Name of Mother, *Mary Hoffmann*

6. Mother's Maiden Name, *Mary Schuchert*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harriet B. Hoffmann*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. C. Kuller*

Address, _____

Remarks, _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66445

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 1 1883*

4. Place of Birth (Street and Number) *483 Harbor Ave*

5. Full Name of Mother *Emma Serres*

6. Mother's Maiden Name *Emma Fowler*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Serres*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Aug. A. Clewell M.D.*

Address *557 Harbor Ave.*

Remarks *Child born premature 22 months, died*

SECTION 6.—And he it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file with the Registrar of Births, a list of the names and places of birth of all children born in the City of Baltimore, and to be entered on the schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as possible, the name of the mother, the name of the child, the place of its birth, and the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner, or of a practitioner, it shall nevertheless be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th Child.
Male
Oct 1st 1883
No. 360 Light St.
Caroline Burman
Eckhardt
Germany.
John Burman
Clerk.
Germany.
J. Schaeffer midwife
330 Hanover St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *this is the fifth 5*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the ~~white~~ race) *Colored*
3. Date of Birth *October 1 1883*
4. Place of Birth (Street and Number) *No 35 Harris St Baltimore Md*
5. Full Name of Mother *Leben Chaney*
6. Mother's Maiden Name *Leben Jones*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *Robert Chaney*
9. Father's Occupation *Minister of the Gospel*
10. Father's Birthplace *Baltimore Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Therest Md*
- Address *No 36 Davis St Baltimore Md*
- Remarks *non*

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 12th 1883

4. Place of Birth, (Street and Number)

No 201 Hanover St

5. Full Name of Mother,

Mary E. Dodge

6. Mother's Maiden Name,

" " Barry

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Augustus M. Dodge

9. Father's Occupation,

Physician

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

A. M. Dodge M.D.

Address,

211 Hanover St

Remarks, I have nothing to say. A.M.D.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male

White

Oct. 1st

1883

L. Vincent's Infants Asylum

Fannie Merrett

N a

Sister of charity

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

16450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 1 1883

4. Place of Birth, (Street and Number)

Baltimore No 12 Arlington

5. Full Name of Mother,

Sarah W. Lynch Eugene Lynch

6. Mother's Maiden Name,

Sarah W. Lynch

7. Mother's Birthplace,

Baltimore and

8. Full Name of Father,

Eugene Lynch

9. Father's Occupation,

Stable Boss

10. Father's Birthplace,

Kent County

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 E. Poppleton St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66451

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

217
Male

OCT
9
1892

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 1st

4. Place of Birth, (Street and Number)

No 124 Parkins St
Catherine Joyce

5. Full Name of Mother,

6. Mother's Maiden Name,

" Collins

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Timothy Joyce

9. Father's Occupation,

Physician

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Horgan

Address,

112 Oct St

Remarks,

NOTICE

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were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)
Sex (state whether Male or Female) *Male*
Race or Color (if not of the white race) *Colored*
Date of Birth *October 1st*
Place of Birth (Street and Number) *No. 3 Wacker St*
Full Name of Mother *Emma S Mason*
Mother's Maiden Name *Emma S Burgess*
Mother's Birthplace *Baltimore*
Full Name of Father *Charles B Mason*
Father's Occupation *Letter Carrier*
Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Jane Baker*
Address *No 66 Bider St*
Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Monday October 1st*
4. Place of Birth (Street and Number) *3 South Amity St.*
5. Full Name of Mother *Lizzie Bender*
6. Mother's Maiden Name *Lizzie Richardson*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *Henry Bender*
9. Father's Occupation *Pattern Maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Henry Lee Richardson*
- Address *212 Dover St.*
- Remarks

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
8
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Female

W.

Oct. 1/1893

237 Bank

Mary A. McLaughlin

" " Flaherty

Bald

John A. McLaughlin

Machinist

Dublin, Ireland

J. L. Minton M.D.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
8
1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

first October

4. Place of Birth, (Street and Number)

South Baltimore William St 48

5. Full Name of Mother,

Mary Jane Parker

6. Mother's Maiden Name,

Mary Jane Glinston

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jeff Parker

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

Ann J. Gorton

Address

107 Myrd Street South Baltimore

Remarks

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66456

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 8 1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of October 1883

4. Place of Birth, (Street and Number):

832 Baltimore County

5. Full Name of Mother,

Annie Sprisky

6. Mother's Maiden Name,

Annie Douglas

7. Mother's Birthplace,

East Berlin, Prussia

8. Full Name of Father,

Robert Sprisky

9. Father's Occupation,

Laber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Miss Christina Sauer

Address,

113 Harford Avenue

Remarks,

Baltimore Md.

1883

NOTICE

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were received in the same
condition and microfilmed
as shown.**

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assure legibility and com-
pleteness.**

1728

OCT 4 1893

1st the Child

female....

OCT
4
1933

Oct 1. 1883

CR/73 Columbia Av.

Louise Boedtkneider/jingel

50

Preussen

non)

2.0.010

De no

Mary Birch

ms 328 S. Enshaw.

Remarks, including date _____

100 E. FIRST & 4TH, CITY PRINTERS AND STATIONERS.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of two births which have occurred under his or her care since the first day of the month of January, and shall be filled out by the practitioner, on the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner shall neglect to deliver such certificate, he or she shall be liable to a fine of ten dollars, and should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who neglects to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

Oct 1st 1883

228 Wynd Hill Ave

Caroline Juhn

" Stibel

Baltimore

Max Juhn

Shirt Manufacturer

Hannover

Theodore Coggeshall

Phy. & S.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7646a

OCT
4
1883

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

laboured

3. *Date of Birth*

Oct 10th 1883

4. *Place of Birth (Street and Number)*

No 75 Ledenhall st Baltimore

5. *Full Name of Mother.*

Mary A. Sawyer

6. *Mother's Maiden Name*

May at Edes

7. *Mother's Birthplace*

Edenton North Carolina

8. *Full Name of Father.*

D T Sawyer

9. *Father's Occupation*

Orator House

10. *Father's Birthplace*

Edenton North Carolina

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the person in charge of the birth, and shall be forwarded to the Commissioner of Health, and the said schedule shall be delivered, duly signed by the person in charge of the birth, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child shall occur on a Sunday, or on a day which is a legal holiday, the person in charge of the birth shall, in addition to the duty of reporting the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who neglect or refuse to perform the duty required by law, shall be liable to a fine of not less than \$10, nor more than \$50, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The third*
1. Sex, (state whether male or female) *1st Male*
2. Race or Color, (if not of the white race) *The White*
3. Date of Birth, *Second of October*
4. Place of Birth, (Street and Number) *48 Montgomery St*
5. Full Name of Mother, *Lizzie Dresel*
6. Mother's Maiden Name, *Lizzie Rection*
7. Mother's Birthplace, *Hanover*
8. Full Name of Father, *George Dresel*
9. Father's Occupation, *Glass cutter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Wm. H. H. H.*
- Address, *1 Second St. N. E.*
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name of the child, the name of the mother, the date and place of the birth, and the sex, color, the full name and occupation of its parents, the day and hour of its birth, and the full name and occupation of the person attending the birth, and shall file the same during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name and occupation of the person attending the birth, and shall file the same with the Registrar of Vital Statistics, at the City Hall, in the City of Baltimore, at the end of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child, or of such person or persons, to report the birth of such child, and the name of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) is the 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 2d at 10:30 am
4. Place of Birth, (Street and Number) Lee St. No 109
5. Full Name of Mother, Lehna Teves
6. Mother's Maiden Name, Lehna Schnappinger
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry L. Teves
9. Father's Occupation, Sanicorial Artist
10. Father's Birthplace, Hannover Germany
- Name of Medical Attendant, or other Person who make this Return Dr. J. M. Muesel
- Address, 1 S. E. Muesel St.
- Remarks,

Sections 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Estella Waterworth

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1646
0165 the 5th

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct the 2nd 1883*
4. Place of Birth, (Street and Number) *Balto 463 Lexington St*
5. Full Name of Mother, *Annie Waterworth*
6. Mother's Maiden Name, *Annie Johns*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Alexander M. Waterworth*
9. Father's Occupation, *Tin + Sheet Iron Worker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Druggler*
- Address, *No 60 Schroeder St.*
- Remarks, *GREEN KIDZ ADDED 2-24-53*
L.M.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall be made, shall be a true and exact registrar of such birth, and shall enter the same on a blank schedule to be furnished by the City and County of Baltimore, which schedule shall contain a list of the births which have occurred under his or her care during this month, and shall be returned to the City and County of Baltimore, on or before the first day of the month in which any name shall have been conferred, its sex, color, the full name of the child, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Board of Health, in case the birth of any child shall be attended by a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, in case the birth of any child should be attended by any other person, or by any person or persons, who are not duly licensed or qualified, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ind*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 2nd*

4. Place of Birth, (Street and Number) *30 Plum Alley*

5. Full Name of Mother, *Greta Simpson*

6. Mother's Maiden Name, *Bona Johnson*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Henry Simpson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Margaret Gray*

Address, *Welcome about*

Remarks, *Between Sharp & Hanover St.*

OCT
12
1883

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as possible, the date, hour, day, month, year, name, sex, race or color, place of its birth, and the full name and occupation of its parents, the day and month of its birth, and the date of its delivery. The said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the said certificate shall be signed by the midwife attending, and shall be delivered to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 2d of Oct.

4. Place of Birth, (Street and Number) 726 Macgregor Alley

5. Full Name of Mother, Magareth Rhau

6. Mother's Maiden Name, Bicker

7. Mother's Birthplace, Battenheim (Bavaria)

8. Full Name of Father, John Rhau

9. Father's Occupation, Drier Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E. Bohnen

Address, 54 Essex St.

Remarks,

OCT
10
1893

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall enter the same among the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, and shall be retained by him as a permanent record. The birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, who shall be designated by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17/11/66

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female)

Female

OCT

1883

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 1st 18. 83

4. Place of Birth, (Street and Number)

415 East St

5. Full Name of Mother,

Charlotte Stump

6. Mother's Maiden Name,

Charlotte Lee

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

James Stump

9. Father's Occupation,

Cigar Smoker

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5. Forrest St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ ^{4th}

1. Sex, (state whether male or female) female ~~Male~~

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of Oct

4. Place of Birth, (Street and Number) 1st 9 Selacher Court (Married)

5. Full Name of Mother, Eileen Ott

6. Mother's Maiden Name, Barthore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Ott

9. Father's Occupation, Master Shoemaker

10. Father's Birthplace, Stambach (Bavaria)

Name of Medical Attendant, or other Person who makes this Return J. Bohnen

Address, 54 Essex St.

Remarks,

SECTION 6.—And he it further enacted, and it is hereby enacted, that every person who shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his supervision during the month, and shall set forth, as far as may be ascertained, the full name and occupation of its parents, the day and hour of its birth, and the still schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health, which may be the birth of any child shall occur without the attendance of a physician, or the mother, or the father, or the other, or the day of the birth of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *1868*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Margaret as Diller*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Coken*
3. Date of Birth, *October 2*
4. Place of Birth, (Street and Number) *No 240 North*
5. Full Name of Mother, *Deborah St. St.*
6. Mother's Maiden Name, *Garret as Adams*
7. Mother's Birthplace, *James St. Hill*
8. Full Name of Father, *Wm. Shucker*
9. Father's Occupation, *Baltimore City*
10. Father's Birthplace, *W. St. Smith*
Name of Medical Attendant, or other Person who makes this Return
Address, *No 100 Melrose St*
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the fact name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 2.

4. Place of Birth, (Street and Number) West 4th St

5. Full Name of Mother, Jessie Bishop

6. Mother's Maiden Name, Jessie Yungst

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Bishop

9. Father's Occupation, Iron Planer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W. B. B. Johnson

Address, W. B. B. Johnson

Remarks,

OCT
10
1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 1
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address,

Remarks,

female

white

2^d October.

Baltimore 267 Mulberry St.

Hattie Tutor

Hattie Wendel

Germane

Mich. Tutor

Fresco painter

Germane.

Susan Hunter

21 W. Pappalton St

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 2nd

4. Place of Birth, (Street and Number)

119 N Calvert St

5. Full Name of Mother,

Bridget M Donald

6. Mother's Maiden Name,

Hyland

7. Mother's Birthplace,

Beth Co Md

8. Full Name of Father,

John M Donald

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Longmont Beth Co Md

Name of Medical Attendant, or other Person who makes this Return

Wm M. Johnson

Address,

No 28 N Limestone St

Remarks,

[illegible]

472

2

Male

2 October

118 S. Broadway

Charlotte Becker

Gabriel

Baltimore

Philip Becker

B. Clark

Baltimore

Sarah Casper

2. E. bombard street

100

Notice to the Registrar, who is, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, his or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 9 1883*
4. Place of Birth, (Street and Number) *1137 N. Lombard St.*
5. Full Name of Mother, *Frances E. Halliday*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *William A. Halliday*
9. Father's Occupation, *Dr. C. C. S.*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. W. H. Halliday*
- Address, *18-5 S. Calverton St.*
- Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
5
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *2nd Octob.*

4. Place of Birth (Street and Number) *No. 307 Mosher St.*

5. Full Name of Mother *Mary Eva Peters.*

6. Mother's Maiden Name *" " Geis.*

7. Mother's Birthplace *Balt., Md.*

8. Full Name of Father *Mr. Henry Peters jr.*

9. Father's Occupation *Bookbinder*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Charles A Geiger, M.D.*

Address *No. 165 Argyle Ave.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 2 1883*
4. Place of Birth, (Street and Number) *108 Franklin st*
5. Full Name of Mother, *Anne Mary Reid*
6. Mother's Maiden Name, *Graham*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Taylor Reid*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Scotland*
- Name of Medical Attendant, or other Person who makes this Return, *E. C. Baldwin*
- Address, *124 n Eyster st*
- Remarks,

OCT
3
1883

SECTION 6.—And so it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall exhibit the same on a blank schedule to be furnished by the Committee on Health, at the City Hall, and shall cause the same to be filled up by the midwife, or by the person who may have been present at the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the parent or person to whom the child shall be delivered, or to a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person to whom the child is born, to report its birth to the Board of Health, in the manner, and within the period, and under the penalty herein provided, and the said parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth. *October the 2, 1883*

4. Place of Birth, (Street and Number) *S. Bond St. No. 192 E.A.*

5. Full Name of Mother, *Margaretha Gidmann*

6. Mother's Maiden Name, *Margaretha Jerschner*

7. Mother's Birthplace, *Baltm. City*

8. Full Name of Father, *Julius Gidmann*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltm. City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address, *S. Dallas St. No. 192 E.*

Remarks,

OCT
31
1883

"That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Oct 9nd

4. Place of Birth, (Street and Number)

Washington Ave extended

5. Full Name of Mother,

Margie Hallings

6. Mother's Maiden Name,

" Bonawey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Halling

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm Mary Hoffman

Address,

112 Pratt St

Remarks,

66478

Baltimore City.

1st Feb

Final

.....

Oct 2nd 1893

Oct 342 Light 1.

Mr. nat. J. Souberger

Henry

Guerrero

Masses & Leukterger

1891

Boakey

10. Lobianini mistra p.

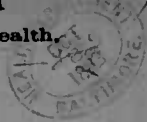
390 Havana, C.

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Two

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct 2d - 83

4. Place of Birth, (Street and Number)

115 - N. Chesapel St.

5. Full Name of Mother,

Leah Walder

6. Mother's Maiden Name,

Sarah Richfield
Baltimore Md

7. Mother's Birthplace,

8. Full Name of Father,

John E. Alexander
Laborer

9. Father's Occupation,

10. Father's Birthplace:

Trinidad Port Spain
Leah Walder

Name of Medical Attendant,

or other Person who makes this Return

Address,

1089 N Spring St.

Remarks,

[illegible]

Ch, Baltimore Cit

- B. ZILL & SONS, CITY PRINTERS AND STATIONERS —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

66481



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

(Six month)

2. Race or Color (if not of the white race)

3. Date of Birth

October 20 83

4. Place of Birth (Street and Number)

286 N. Gay

5. Full Name of Mother

Sarah Ann

Don

6. Mother's Maiden Name

Sarah Ann

Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry

Don

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Irving Miller M.D.

Address

179 East Monument St

Remarks

Baltimore Maryland

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
8
1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) 1 Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. October the 2nd 1882-17
4. Place of Birth, (Street and Number) Parish St No
5. Full Name of Mother. Elmer A. Adell
6. Mother's Maiden Name. Elmer A. Adell
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John D. Adell
9. Father's Occupation. Mechanic
10. Father's Birthplace. Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelley
Address. 792 Pratt St Bal
Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
8
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 2nd

4. Place of Birth, (Street and Number)

80 Aspy St

5. Full Name of Mother,

Ellen Handy

6. Mother's Maiden Name,

Native

7. Mother's Birthplace,

Princess Anne Co. Md

8. Full Name of Father,

George Handy

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Princess Anne Md

Name of Medical Attendant,

or other Person who makes this Return

Address,

Annie Johnson

Remarks,

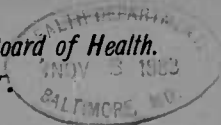
94 Lyson Street

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 3/83-

4. Place of Birth (Street and Number)

83 N. Eutaw

5. Full Name of Mother

Jennie Watts

6. Mother's Maiden Name

Bezial-

7. Mother's Birthplace

Balto. City, Md-

8. Full Name of Father

John Wesley Watts

9. Father's Occupation

Merchant

10. Father's Birthplace

Balto. City, Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight

Address

112 N. Greene

Remarks

Baltimore City.

seventh

Lernali

white

3^d. of October

1655 Eagle Tree

Mary Kistler

Mary Bayer

Baltimore

John H. Westler

Blacksmith

Baravia Germany

12. 10. 1902

434 West Roll Street

Remarks,

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, hereinafter, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 22 1887

4. Place of Birth, (Street and Number) 54 S. Chester St.

5. Full Name of Mother, Elle Virginia Ferguson

6. Mother's Maiden Name, Portchett

7. Mother's Birthplace, City

8. Full Name of Father, George Albert Ferguson

9. Father's Occupation, Pilot

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this return E. L. Jones M.D.

Address, 357 E. Baltimore St.

Remarks, Healthy Child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 3rd

4. Place of Birth, (Street and Number)

Myt Vernon Place

5. Full Name of Mother,

Annie Gregg Thomas

6. Mother's Maiden Name,

Gregg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Marshall Thomas

9. Father's Occupation,

Barker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Wm. B. Bullen, M.D.

Address,

35 N. Charles St.

Remarks,

Baltn

section 6.—And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Comptroller of Health, and shall sign the same, and shall so forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parent, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, to the proper authorities, and shall be retained by them, and shall be subject to inspection by the Board of Health, and the said practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 Octo- 1883.

4. Place of Birth, (Street and Number) Bals. N. Washington st. 117

5. Full Name of Mother, A. Tomashuk

6. Mother's Maiden Name, A. Parot

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Tomashuk

9. Father's Occupation, Labrer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 No Washington st

Remarks, Mary Koptish

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in this City of Baltimore, shall be and he is hereby required to file and deposit with the Registrar of Health, a true and correct copy of a list of all the births which he or she has attended during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at the place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *Wt*

3. Date of Birth, *3 Octo ber*

4. Place of Birth, (Street and Number) *Gottfr. Str. No 214*

5. Full Name of Mother, *Lay & point*

6. Mother's Maiden Name, *Elis Wigand ge. Meister*

7. Mother's Birthplace, *Bischofshausen H. Hessen*

8. Full Name of Father, *Adam Wigand*

9. Father's Occupation, _____

10. Father's Birthplace, *Bischofshausen Hessen*

Name of Medical Attendant, or other Person who makes this Return *Lombard Street No 248*

Address, _____

Remarks, *Mrs Bauer*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished for the purpose by the Registrar of Vital Statistics, and shall forward the same to the Registrar of Vital Statistics, Baltimore City, during the month, and shall set forth, as far as the same can be ascertained, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of a child, and every person to whom the same is delivered, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

3 October

4. Place of Birth, (Street and Number)

36 Watson

5. Full Name of Mother,

Maggie Raparn

6. Mother's Maiden Name,

Dush

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo Raparn

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, Baltimore City, during the month, and shall set forth, as far as the same can be ascertained, the full name of such child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar of Vital Statistics, Baltimore City, on the day of the birth, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and to the person or persons who shall hereafter fall to comply with the provisions of this section, and no parent or person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth. *30 October*

4. Place of Birth, (Street and Number) *Gough street*

5. Full Name of Mother, *Sizzie Buckler*

6. Mother's Maiden Name, *Knolen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Daniel Buckler*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address, *72 E. Lombard street*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

6494

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT
1891

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 fourth

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth October 3rd 1891

4. Place of Birth, (Street and Number) 41 S. Broadway

5. Full Name of Mother Fredericka Ehrman

6. Mother's Maiden Name Fredericka Ehrman

7. Mother's Birthplace Braunschweig, Germany

8. Full Name of Father Frederick Ehrman

9. Father's Occupation Merchant

10. Father's Birthplace Hartenburg, Germany

Name of Medical Attendant, or other Person who makes this Return.

Nicholas P. Dashiell, M.D.

Address

207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct. 3rd 1883
4. Place of Birth (Street and Number) 97 N. Dallas St
5. Full Name of Mother Elizabeth Anna Distance
6. Mother's Maiden Name Brooks
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Samuel Randolph Distance
9. Father's Occupation Coachman
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return. Francis A. Jones M.D.
- Address 105 N. Central Avenue
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66499

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth,
4. Place of Birth, (Street and Number) 293 S. Chas. St.
5. Full Name of Mother, Maggie Klesse
6. Mother's Maiden Name, Pittner
7. Mother's Birthplace, Phila. Penn.
8. Full Name of Father, Frank A. Klesse
9. Father's Occupation, Cinner
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who takes this Return, Chas. D. Smith, M.D.
Address, N. W. Cor. Lee & Hammer Sts.
Remarks, There was no "red ribbon" - no Christmas

DEC
8
1903

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*, ... *Oct 3rd 1953*

4. Place of Birth, (Street and Number) C/O 318 West 11th

5. Full Name of Mother, Emma Decker

6. *Mother's Maiden Name.* Loxley

7. Mother's Birthplace, Chippewa

8. *Full Name of Father,* Robert Lee Lee

9. *Father's Occupation,* *Teacher*

10. *Father's Birthplace.* _____

Name of Medical Attendant, or other Person who makes this Return A. L. Edwards, M.D.

Address, 1350 Lumber St.

Remarks.

77502

timore City.

JONES B. FLETCHER, CITY PRINTER AND STATIONER.

- 2d, 3d, &c.) Third Child
Female.
White.
3rd Oct.
12 Patterson Park Ave.
Mary Spatilda Taylor.
Wiley.
Baltimore.
Harry C. Taylor.
Laborer.
Baltimore.
Mrs Wiley.
12 Patterson Park Ave.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) 1 Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 3, 1883

4. Place of Birth, (Street and Number) Fredric Ave No 808

5. Full Name of Mother, Lenny Shaper

6. Mother's Maiden Name, Anney Baus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Shaper

9. Father's Occupation, Spinster

10. Father's Birthplace, 10792 Pratt St B. A.

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelly at 792 Pratt

Address, _____

Remarks, _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

66504
OCT 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth October 3 Between 11 and 12 o'clock

4. Place of Birth (Street and Number) 17 Mosche Street

5. Full Name of Mother Amie C. Davis

6. Mother's Maiden Name Amie Sugrwick

7. Mother's Birthplace Washington D.C.

8. Full Name of Father William C. Davis

9. Father's Occupation Oyster Business

10. Father's Birthplace Hampton Va

Name of Medical Attendant, or other Person who makes this Return. Mary J. Richardson

Address 212 Dover Street

Remarks Well and Healthy. Weight 10 1/2 Pounds

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

Hsco

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
6
1922
21 15

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October the 3d

4. Place of Birth, (Street and Number)

No 4 Bradford St

5. Full Name of Mother,

Hester A. Linn

6. Mother's Maiden Name,

Hester A. Powell

7. Mother's Birthplace,

Dorchester co md

8. Full Name of Father,

John Powell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this return,

Henrietta Glasco

Address,

Mcelderry St Extended

Remarks,

The Child died with Dyspnoea

SECTION 8.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same for a period of one year after the date of the birth, and shall be liable to a fine of ten dollars for each offence, in being recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* OCT 4 1883

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 3^d 1883*

4. Place of Birth, (Street and Number) *506 Penna. Ave.*

5. Full Name of Mother, *Annie Mary Karcher*

6. Mother's Maiden Name, *Spitz*

7. Mother's Birthplace, *Penna.*

8. Full Name of Father, *Frank Karcher*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *A. B. Morrison M.D.*

Address, *431 Penna. Ave.*

Remarks,

76508

14. 1893
PA. TIL. 1094

Thir. 1.

Zinnle

$$e)$$

7. Oct 1883

116 west of

~~Father Born~~ 2. Henschel

Salu Baylein.

Baltimore

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Rich. Munn

Return 1 June 1911

2

JAMES H. PIER & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and declared: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the persons who were present at the birth, and shall be returned to the Commissioner of Health, who shall be required to file the same in the full name of each child at the place of its birth, and who said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, or to the clerk thereof, and the said certificate shall be filed in the office of the Board of Health, or in the office of the clerk thereof, and the said certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4. Octo 24 1883*
4. Place of Birth, (Street and Number) *Duncan Alley No 43*
5. Full Name of Mother, *B. Jelenovskij*
6. Mother's Maiden Name, *B. Joriskup*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *V. Jelenovskij*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kopish*
- Address, *69 N Washington St*
- Remarks, *Mary Kopish*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

16512

OCT
10
1885

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *4 of October*
4. Place of Birth (Street and Number) *2080 Dover Street*
5. Full Name of Mother *Jenna Parker*
6. Mother's Maiden Name *Jenna Fountain*
7. Mother's Birthplace *Denton, Caroline County, Maryland*
8. Full Name of Father *Samuel David Parker*
9. Father's Occupation *Fireman*
10. Father's Birthplace *Mac county Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *May Jane Richardson*
- Address *212 River St*
- Remarks

6613

156

Fernale

1003

Vol. 4 # 83

105 Columbia Ave

Amie B antrane

Berger

Buckhorn

Louis Bauhaus

Barber

Baltimore

Mary Hook

or other Person who
makes this Return

328 of Eubank St

328 of Eubank St

JOHN P. HIFT & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 4th 1883

4. Place of Birth (Street and Number)

110 Cor Collingbon & Fough St

5. Full Name of Mother

Ida Amelia Brown

6. Mother's Maiden Name

Ida Amelia Henry

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Brown

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm J. Darnes M.D.

Address

64 N. E. St

Remarks

SECTION 9. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be licensed by the City Council, and shall be bound to keep a book, in which shall be entered a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of its sex, race or color, the date of its birth, and the date of its delivery, daily signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5.)

1. Sex, (state whether male or female) —

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 4th 1883

4. Place of Birth, (Street and Number)

No. 355. Eager Str

5. Full Name of Mother,

Marie Klicka

6. Mother's Maiden Name,

Hranicka

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Klicka

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No. 20, Burnes Str

Remarks,

Return of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct 4th 1883*
4. Place of Birth, (Street and Number) *1113 Jasper St*
5. Full Name of Mother, *Georganna Liles*
6. Mother's Maiden Name, *Georganna Gruse*
7. Mother's Birthplace, *Prince George Co., Md.*
8. Full Name of Father, *John Liles*
9. Father's Occupation, *Dutchman*
10. Father's Birthplace, *Washington Co., Md.*
- Name of Medical Attendant, or other Person who makes the Return *Wm. Chen*
- Address, *36 ~~St~~ Cohens alley*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
9
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 4 1883

4. Place of Birth, (Street and Number) 208 Balhine St

5. Full Name of Mother, Brigget Horn

6. Mother's Maiden Name, Glenn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Horn

9. Father's Occupation, Gardener

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Papperton St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66518

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

301
131
153

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th October*

4. Place of Birth, (Street and Number) *Baltimore Street at No 253*

5. Full Name of Mother, *Mary Binac*

6. Mother's Maiden Name, *Mary ~~at~~ Hamilton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Leviad Binac*

9. Father's Occupation, *Merchant Sailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Binac*

Address, *No 6 E Street, at his father's house*

Remarks,

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *October 4th 1883.*

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 4th 1883.*

4. Place of Birth, (Street and Number) *4. E. 1st St.*

5. Full Name of Mother *Eunice Anna Hohmann.*

6. Mother's Maiden Name *Eunice Anna Adam.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Sebastian Hohmann.*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Semend*

Address, *No. 137 S. Wolfe St.*

Remarks, *[Signature]*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child." "ren."

RETURN OF A BIRTH

66520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
6
1883
1140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Oct 4th 1883

4. Place of Birth, (Street and Number)

22 W. Pratt St

5. Full Name of Mother,

Alice Richards

6. Mother's Maiden Name,

" Mrs. Daniel

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Richards

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Mrs R. Helling

Address,

48 Hollister St Baltimore

Remarks,

SECTION G.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is, before he or she can be licensed to practice, to be examined by the City and County Board of Health, and to be sworn to observe the provisions of this section, and to be subject to a fine of ten dollars for each offense, and penalties are revocable.

of SECTION G.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is, before he or she can be licensed to practice, to be examined by the City and County Board of Health, and to be sworn to observe the provisions of this section, and to be subject to a fine of ten dollars for each offense, and penalties are revocable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

OCT
6
1883

Female

White

October 4th 1883

W. E. Cor Kiffman & Co.

Mother's Name

Johnnie

Baltimore

John Eliason

Brick Maker

Baltimore

J. W. Seltner M.D.

J. E. Cor Eager & Caroline

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16522

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *on Sept 11 day 1* OCT 6 1883

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *col*

3. Date of Birth, *Friday night at nine o'clock*

4. Place of Birth, (Street and Number) *# 11 Moore ally*

5. Full Name of Mother, *Harriet Ann Williams*

6. Mother's Maiden Name, *Harriet Ann Benton Tallant*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Henry Williams*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Levittin Cook*

Address, *# 83 Moore ally*

Remarks, *he sent plane of copies*

Report of the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *Oct 4th 1883*
4. Place of Birth (Street and Number) *216 Hamburg St Baltimore*
5. Full Name of Mother *Emma Hackett*
6. Mother's Maiden Name *Emma Carpenter*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Adam Hackett*
9. Father's Occupation *Brickyard*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *Mrs Francis Granby*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same for one year after the date of the birth, and shall be liable to the penalty of five dollars for every birth occurring during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth record, to the Commissioner of Health, or of his assistant, or of his recorder, or of his clerk, or of his agent, or of any other person he in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person or persons who shall hereafter fall to comply with the provisions of this section, and any person or persons who shall offend, to be recovered as other fines and penalties are recoverable, subject to a fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *wht*
3. Date of Birth, *Oct. 5. 1883*
4. Place of Birth, (Street and Number) *172 Penna. ave*
5. Full Name of Mother, *Alice A. Wise*
6. Mother's Maiden Name, *Strube*
7. Mother's Birthplace, *md.*
8. Full Name of Father, *Andrew Wise*
9. Father's Occupation, *Ho. Bloodsmith*
10. Father's Birthplace, *md.*

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

W. Lane Taneyhill

219 Madison ave

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

M. A. Bush

Address, No. 185 P.E. cor. Central av. W. Mount Pleasant St

Remarks, *All Well*

NOV 9 1983

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67525

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *October 5th, 3:10 P. M.*

4. Place of Birth, (Street and Number) *No. 27 Lenox Street.*

5. Full Name of Mother, *Elizabeth Couch;*

6. Mother's Maiden Name, *Dixon*

7. Mother's Birthplace, *Frederick, Ind.*

8. Full Name of Father, *William Couch*

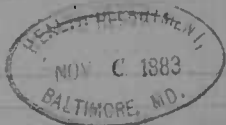
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Frederick Ind.*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Alderdice*

Address, *Cor. Columbia Ave. & P. Remont Street.*

Remarks, *Child in good physical condition, & living*



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the residence of the mother if such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

101
2
1983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 5 1885

4. Place of Birth, (Street and Number) 47 Madison St

5. Full Name of Mother, Amanda Burgess

6. Mother's Maiden Name, Wiggins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Burgess

9. Father's Occupation, Black Smith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A. Wiggins

Address, 305 B. St.

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

Oct. 5

4. *Place of Birth.* (Street and Number)

Baltimore

Peratt 51544

5. *Full Name of Mother,*

Katie Cherry

6. *Mother's Maiden Name.*

To tie ... I want

7. Mother's Birthplace,

Baltimore

8. *Full Name of Father,*

Marcel D. Dull Ph.D.

9. *Father's Occupation.*

Ch. Car hunter

10. *Father's Birthplace,*

Prince George, Cook

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Lebach

Address.

439 West Ball Street

Remarks.

Section 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person acting as a nurse, shall be bound to keep a true and correct record of the births and deaths of children born in the City of Baltimore, and to forward the same to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, at the end of each month. This schedule shall contain a list of the births which have occurred under his or her care, and shall be in the form of a book, and shall be kept in a safe place, and shall be preserved for a period of five years. The said schedule shall be delivered, duly signed by the practitioner of midwifery, or of a practitioner of nursing, or of a practitioner of the art of midwifery, to the Office of Registrar of Vital Statistics, Board of Health, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner of midwifery, or of a practitioner of nursing, or of a practitioner of the art of midwifery, shall neglect or refuse to comply with the provisions of this section, he or she shall be liable to a fine of not more than five dollars, and to a term of not more than thirty days in the City Jail, and to a suspension from the practice of his or her profession for a period of not more than three months. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person acting as a nurse, shall be bound to keep a true and correct record of the births and deaths of children born in the City of Baltimore, and to forward the same to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, at the end of each month. This schedule shall contain a list of the births which have occurred under his or her care, and shall be in the form of a book, and shall be kept in a safe place, and shall be preserved for a period of five years. The said schedule shall be delivered, duly signed by the practitioner of midwifery, or of a practitioner of nursing, or of a practitioner of the art of midwifery, to the Office of Registrar of Vital Statistics, Board of Health, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner of midwifery, or of a practitioner of nursing, or of a practitioner of the art of midwifery, shall neglect or refuse to comply with the provisions of this section, he or she shall be liable to a fine of not more than five dollars, and to a term of not more than thirty days in the City Jail, and to a suspension from the practice of his or her profession for a period of not more than three months.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 5th 1853
4. Place of Birth, (Street and Number) No. 250 Gough St
5. Full Name of Mother, Anna Krause
6. Mother's Maiden Name, Quatman
7. Mother's Birthplace, City
8. Full Name of Father, Henry Krause
9. Father's Occupation, Police Officer
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Det
- Address, 120 Bank St
- Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 5. 1883

4. Place of Birth, (Street and Number)

173 Argyle Avenue

5. Full Name of Mother,

Hannah Hotz

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Charles J. Hotz

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this Return

Martina Brown and

Address.

68 Mc Culloch St.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

665311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 5th*

4. Place of Birth, (Street and Number) *65 S. Ann St.*

5. Full Name of Mother, *Mollie Norris McCreedy*

6. Mother's Maiden Name, *Norris*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Thomas Edward McCreedy*

9. Father's Occupation, *Book Keeper*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this return *E. P. Brown M.D.*

Address *87 S. E. Baltimore St.*

Remarks *Healthy Child*

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 9. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, and who is not a member of the Maryland Society of Midwives, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the sex, the date and place of birth, the name of the mother, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Board of Health, on or before the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the said schedule shall be filled up by the nearest neighbor, or by the nearest relative, or by the nearest person who shall be present at the birth, and who shall be duly sworn to the truth of the statements made by him or her, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 3, 1883*

4. Place of Birth, (Street and Number) *430 E. Chase St.*

5. Full Name of Mother, *Kate Keese*

6. Mother's Maiden Name, *King*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Levin J. Keese*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Henry A. Althoff*

Address, *186 W. Long St.*

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth. 5th October. 1883.

4. Place of Birth, (Street and Number) Battle Jefferson rd No 255

5. Full Name of Mother, Amelia Springer

G. Mother's Maiden Name, H. Hanneman

7. Mother's Birthplace, Germany

8. Full Name of Father, George W. Sawyer

9. *Father's Occupation,*..... *Student*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary DePauw

Address. 69 W. Channing St.

Remarks, *14*[illegible]

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *66537*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 5*
4. Place of Birth, (Street and Number) *Towson St*
5. Full Name of Mother, *Mary Bradley*
6. Mother's Maiden Name, *Mary Joy*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Daniel Bradley*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Etzel*
- Address, _____
- Remarks, _____

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 66538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 5th 1883

4. Place of Birth, (Street and Number) Baltimore Calender St. No. 10

5. Full Name of Mother, Mary Dill

6. Mother's Maiden Name, Bosh.

7. Mother's Birthplace, Germany

8. Full Name of Father, William Dill

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. E. Mitchell

Address, No. 58 Parkin St.

Remarks,

correct. Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

OCT
10
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 5-1883

4. Place of Birth, (Street and Number)

459 Franklin St

5. Full Name of Mother,

Mrs. Margaret M. Hammett

6. Mother's Maiden Name,

Spangler

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Mr. W. D. Hammett

9. Father's Occupation,

Business maker

10. Father's Birthplace,

Ind

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. Hill M. D.

Address,

443 Franklin St

Remarks,

sections 6.—And he to further enact and ordain, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, in a book accessible to the medical and health authorities of the said City, and the said midwife shall submit to the same, and shall be liable to be fined by the Commissioners of Health, for any violation of this section. And he to further enact and ordain, That any person practicing midwifery in the said City, who shall be convicted of any violation of the provisions of this section, shall be liable to be fined by the Commissioners of Health, for any violation of this section, and shall be liable to be fined by the Commissioners of Health, for any violation of this section, and shall be liable to be fined by the Commissioners of Health, for any violation of this section.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife or other person who has attended the birth, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, to the Board of Health, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in case the birth occurred on the first day of the month, and on the third day of the month, in case the birth occurred on the second day of the month, and the said schedule shall be in attestation upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who neglects to comply with the provisions of this section, shall be liable to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 5, 1883*

4. Place of Birth, (Street and Number) *1410 E. 1st St. No. 109*

5. Full Name of Mother, *Theresa Hofmann*

6. Mother's Maiden Name, *Theresa Greul*

7. Mother's Birthplace, *Bren. Helsen. H. Prussen. Germany*

8. Full Name of Father, *Johann Hofmann*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bren. Helsen. H. Prussen. Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Hall*

Address, *E. Dallas St. 1424*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 5 / 83*
4. Place of Birth, (Street and Number) *391 Laureate St*
5. Full Name of Mother, *Mary A. Offley*
6. Mother's Maiden Name, *Giacconi*
7. Mother's Birthplace, *Penna*
8. Full Name of Father, *Michael Offley*
9. Father's Occupation, *Book-keeper*
10. Father's Birthplace, *Delaware*
- Name of Medical Attendant, or other Person who makes this Return *Thomas Opie M.D.*
- Address, *179 N Howard St*
- Remarks.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of 172 Births which have occurred under his or her care since the first day of January, and shall be filled up by the midwife or other person in charge of the birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or person of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Oct 5, 1883*

4. Place of Birth (Street and Number) *No 56 N Poppleton St*

5. Full Name of Mother *Lucinda Evans*

6. Mother's Maiden Name *Lusinda Snyder*

7. Mother's Birthplace *Pa*

8. Full Name of Father *Jas. Rob. Evans*

9. Father's Occupation *Shoe Merchant*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *B. H. Gorman*

Address. *175 N. Carey St*

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66545

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

October 5 1896

4. Place of Birth, (Street and Number)

Ellow Lane

5. Full Name of Mother,

Harriet Holliday

6. Mother's Maiden Name,

Harriet Turner

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Richard Holliday

9. Father's Occupation,

Artist

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant,

or other Person who makes this Return

Frederick M.D.

Address,

1234 East 88

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

G. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^c*

1. Sex, (state whether male or female) *4 Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 5th 1883*

4. Place of Birth, (Street and Number) *No 65^c Stricker st*

5. Full Name of Mother, *Julia A Courrilman*

6. Mother's Maiden Name, *Julia A Thompson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Francis A Courrilman*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs S Selby*

Address, *No 792 Pratt st*

Remarks,

OCT 12 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16548

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5 1883
4. Place of Birth, (Street and Number) 447 1/2 Calver St.
5. Full Name of Mother, Mary B. Sangster
6. Mother's Maiden Name, H. H. H. H.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, J. B. Sangster
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. H. H. H. H.
- Address, 111 Calver St.
- Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *Child*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 5th 1883

4. Place of Birth, (Street and Number) 231 Dale St

5. Full Name of Mother, Laura Baynes

6. Mother's Maiden Name, Bell & Co

7. Mother's Birthplace, Barbours County

8. Full Name of Father, Edward Karpier

9. Father's Occupation, Grocery

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, No 12 Patterson Park, an

Remarks.

Missing 66550 to
66553 incl.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 8 1903

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

1st

female

White

Oct 5th

202 McCollough St.

Minnie E. Meddon

Minnie E. Griffith

Baltimore

James E. Meeson

Salesman

Baltimore

Helix Jenkins

No. 2 Cathedral St.

of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

107
15
1983

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Oct-6-83.

4. Place of Birth (Street and Number) 248 Larnale

5. Full Name of Mother Lulu Walker

6. Mother's Maiden Name Utman

7. Mother's Birthplace Balto. Md

8. Full Name of Father Hamilton Walker

9. Father's Occupation Book. Keeper

10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. John J. King. Md

Address 215 Carmelite an

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name of the child or children, the name of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH

46556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 6. 18
4. Place of Birth, (Street and Number) 65 S. Chester St.
5. Full Name of Mother, Frank Nield
6. Mother's Maiden Name, Woods
7. Mother's Birthplace, W. Va.
8. Full Name of Father, Joseph Wilson Nield
9. Father's Occupation, Car Manufacturer
10. Father's Birthplace, W. Va.
- Name of Medical Attendant, or other Person who makes this Return E. P. Burns
- Address 375 E. Balto. St.
- Remarks, Healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 6/83*

4. Place of Birth, (Street and Number) *17 Penna Ave*

5. Full Name of Mother, *Mary A. Ginter*

6. Mother's Maiden Name, *Mary A. Lautenbach*

7. Mother's Birthplace, *MD*

8. Full Name of Father, *George A. Ginter*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

J. M. Haller M.D.
188 Franklin

RETURN OF A BIRTH

16558

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
6
1922
24 THIRDT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 25, 1883

4. Place of Birth, (Street and Number)

Arlington, av. No 52

5. Full Name of Mother,

Emley, Halley

6. Mother's Maiden Name,

Emley, Tompson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mikel Halley

9. Father's Occupation,

Agent

10. Father's Birthplace,

island

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 No. Boppellon, St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16560

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 16th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin st No. 103

5. Full Name of Mother.

Laura. Robertson

6. Mother's Maiden Name.

Busckback

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James. Robertson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin st

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

OCT
12
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~Locust Point~~

Oct 6

4. Place of Birth, (Street and Number)

Locust Point 20

Thull St

5. Full Name of Mother,

Maria Baker

6. Mother's Maiden Name,

Maria Leysen

7. Mother's Birthplace,

Locust Point

8. Full Name of Father,

Joseph C. Baker

9. Father's Occupation,

Brick Layer

10. Father's Birthplace,

Cumberland Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Ethel

Address,

No 13 Cuba St

Remarks,

Fill in all days, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Anna Margaretha Lucia Schiller

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Franz Schiller

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 1th*

4. Place of Birth, (Street and Number) *No. 25 Watson St*

5. Full Name of Mother, *Mary Miller*

6. Mother's Maiden Name, *Klaus*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Jacob Miller*

9. Father's Occupation, *Bar Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Joseph S. Simon*

Address, *109 Grand St*

Remarks, _____

any name shall have been conferred, its sex, color, the full name and designation of its parents, the day and place of its birth, and the said certificate shall be signed by the registrar, in the form of a certificate, as herein provided, and every month, or of a physician, or of a person who then became the duty of the parent or person in whose care the child was placed, to sign the same in the manner and within the time herein provided, and every person who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

any names shall have been enforced. In each entry, the full name and occupation of its parents, the day and month of its birth, the name of its mother, and the name of its father, shall be given, and signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, the mother shall be required to sign the certificate, and to produce it within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 6th 1885

4. Place of Birth, (Street and Number)

No 221 c. Charles st.

5. Full Name of Mother,

Elizabeth Pearson

6. Mother's Maiden Name,

Knappick

7. Mother's Birthplace,

Indiana

8. Full Name of Father,

Wm Pearson

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Clark

Name of Medical Attendant, or other Person who makes this Return

J. Schwaiger midwife

Address,

330 Pennock st

Remarks,

RETURN OF A BIRTH

66565

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

bora, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

OCT
10
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

6th of October

4. Place of Birth, (Street and Number)

118 W. Dallas St.

5. Full Name of Mother,

Louisa Thompson

6. Mother's Maiden Name,

Louisa Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Thompson

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary Morley

Address,

125 W. Caroline St.

Remarks,

6546

OCT 10 1952

John G. Clark

- Name of Medical Attendant, or other Person who makes this Return *Mary E. Nelson*
Address *R. Dallas, N. H. Box 26*

Remarks, ..

A 536 - ITS PRINTING AND STATIONERY.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, who shall file the same, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th 12 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 6, 1883

4. Place of Birth, (Street and Number) E. Fayette St. No. 338

5. Full Name of Mother, Margaretta Hörr

6. Mother's Maiden Name, Margaretta Neumann

7. Mother's Birthplace, Pittsburg, Pa. Pennsylvania U.S.

8. Full Name of Father, John Hörr

9. Father's Occupation, Barber

10. Father's Birthplace, Pittsburg, Pa. Pennsylvania U.S.

Name of Medical Attendant, or other Person who makes this Return, Harry E. Müller

Address, 655 S. Fayette St. No. 26

Remarks, Twins

RETURN OF A BIRTH

66569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 6 / 83

4. Place of Birth, (Street and Number)

131 N. Carey St

5. Full Name of Mother,

Anna M. Clarke

6. Mother's Maiden Name,

Louise

7. Mother's Birthplace,

Howard Co Md

8. Full Name of Father,

Jas. Clarke

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Prince Georges Co Md

Name of Medical Attendant, or other Person who makes this Return

Thomas Opi M.D.

Address,

179 N. Howard St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Every child shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, or by a physician, or by a midwife, or by a nurse, or by a person authorized by the Board of Health, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

107
13
1987

- To make it more
+ ...

Remarks. _____

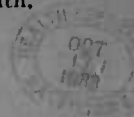
A CO. 17TH INFANTRY AND STATIONERS

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 6 1883

4. Place of Birth, (Street and Number)

229 Lemmon St

5. Full Name of Mother,

Dora Knapp

6. Mother's Maiden Name,

Wisher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Knapp

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 W Poppleton St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 11 1891*

4. Place of Birth, (Street and Number) *No. 30 S. Caroline St.*

5. Full Name of Mother, *Caroline Harrison*

6. Mother's Maiden Name, *Caroline Harrison*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert L. Harrison*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return

Address, *W. Harrison St. 47*

Remarks,

RETURN OF A BIRTH

16574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Three

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

6. of October

4. Place of Birth, (Street and Number)

Baltimore 36 Coans alley

5. Full Name of Mother,

Molley Hughes

6. Mother's Maiden Name,

Molley T. Chaney

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

John Hughes

9. Father's Occupation,

Cutting ties in the country

10. Father's Birthplace,

Easton, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary Chew

Address,

36 Coans. alley

Remarks,

born, its or their physical condition, whether still-born or not, the full name, marriage, and family of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
6
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Chestnut St 1103

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

James Clossy

6. Mother's Maiden Name,

Mary Clossy

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Clossy

9. Father's Occupation,

Hard Carver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Celestine Cook

Address,

83 Morris Alley

Remarks,

Place of its birth, and the midwife shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of the month in which the birth occurred, to the Registrar of Vital Statistics, who shall then become the official record of the birth. If the birth occurs on the first day of the month, the certificate shall be delivered to the Registrar on the first day of the month, and if on any other day, it shall be delivered on the first day of the month following. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 6th 1883.*
4. Place of Birth, (Street and Number) *114 Prentiss St*
5. Full Name of Mother, *Mary E. Sharver*
6. Mother's Maiden Name, *Leake*
7. Mother's Birthplace, *Balto. City*
8. Full Name of Father, *Wm. Louis Sharver*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Manchester Md.*
- Name of Medical Attendant, or other Person who make this Return *Abraham M.D.*
- Address, *431 Penn. Ave.*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of each child or child.

RETURN OF A BIRTH.

66577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
15
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

White Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 7 - 83.

4. Place of Birth (Street and Number)

153 N. Stricker

5. Full Name of Mother

Mary 4. Hare

6. Mother's Maiden Name

" McComber

7. Mother's Birthplace

Balte.

8. Full Name of Father

John R. Hare

9. Father's Occupation

Jeweler

10. Father's Birthplace

Birmingham, Eng

Name of Medical Attendant, or other Person who makes this Return.

John J. King, M.D.

Address

215 N. Carrollton

Remarks

any female who shall have been called upon to attend at the birth of a child, and the said midwife shall be delivered, duly sworn by the practitioners, in the form of a certificate, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, in case the birth of such child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person who shall be called upon to attend at the birth of such child, and thereafter shall then become the duty of the parent or person who shall be called upon to attend at the birth of such child, to file in the office of the Registrar of Vital Statistics, a certificate of the birth of such child, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, and the said certificate shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 7th. 1883.

4. Place of Birth, (Street and Number) No 273 Front St.

5. Full Name of Mother, Annie Bolton

6. Mother's Maiden Name, Annie Bane

7. Mother's Birthplace, England

8. Full Name of Father, Michael Bolton

9. Father's Occupation, Stone mason

10. Father's Birthplace, England.

Name of Medical Attendant, or other Person who makes this Return W. A. Bolt

Address, No. 185 S.E. cor Central av. & Monument St.

Remarks, All Well

NOV
9
1883

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified to attend in such cases, the parent or parents of such child, in the manner, and within the period above prescribed, shall report its birth to the Board of Health, and shall also certify that any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 7th 1883

4. Place of Birth, (Street and Number)

527 8 Fayette St

5. Full Name of Mother,

Emma Kraft

6. Mother's Maiden Name,

Scneider

7. Mother's Birthplace,

City

8. Full Name of Father,

Christian Kraft

9. Father's Occupation,

Grocer

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Bels

Address,

120 Banks St

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly licensed nurse, the mother, immediately thereafter, it shall then become the duty of the parent or persons to whom the child is born, to cause a certificate of birth to be made, and to file the same with the Registrar of Vital Statistics, within the period above specified, except in the cases of still births and deaths of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 7th 1883
4. Place of Birth, (Street and Number) No. 12 Pleasant Alley
5. Full Name of Mother, Mary Schiefer
6. Mother's Maiden Name, J. Drieser
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Schiefer
9. Father's Occupation, Cropper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth B. B. B.
- Address, 120 B. B. B.
- Remarks, _____

RETURN OF A BIRTH

66582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male on foot male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *7th*

4. Place of Birth, (Street and Number) *78 Cassville*

5. Full Name of Mother, *Mary Ellen Berry*

6. Mother's Maiden Name, *Mary Ellen Christian*

7. Mother's Birthplace, *Northampton Co Virginia*

8. Full Name of Father, *Charles Berry*

9. Father's Occupation, *Catchman*

10. Father's Birthplace, *Lancaster Pa same co*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Anne Johnson 99 E. 5th St

1783

ltimore City.

512

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4. 10. 7/88.3

7436 Washington St.

Wm. J. Gray

Am 1. April 1881

Baltimore

Arch. H. 10. 10. 10.

Kennel Club?

B. latitarsis.

Mary & Ellwell

Harry at Allwell

A

CITY PRINTER AND STATIONER

Birth of any child shall occur without the attendance of a physician or of a headmaster of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and form provided for that purpose, and in the case of the birth of illegitimate children, and in the case of the birth of any child the parent or parents of which have not been legally married, any person or persons who shall have knowledge of the birth of such child, and who shall fail to report its birth to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

^{11/11/11}
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 286 N. Conoy St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
remedies on the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to cause the same to be
within the period above specified, except in the cases of the birth and death of legitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars, and shall otherwise be to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 Octo. 1883.

4. Place of Birth, (Street and Number)

Balto. Ethel St No 174

5. Full Name of Mother,

Bohemia Bar. Bundeeshok

6. Mother's Maiden Name,

Bohemia

7. Mother's Birthplace,

8. Full Name of Father,

Jos. Bundeeshok

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Kopitish

Address,

69 N Washington St

Remarks,

Mary Kopitish

RETURN OF A BIRTH

16588

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Oct
12
1903

To be filled out by the mother, or the father, or the physician, or the midwife, or the person who makes this return.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 7th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin et N^o. 102

5. Full Name of Mother,

Kate Howard,

6. Mother's Maiden Name,

Mitchell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Howard

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Frederick

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 58 Parkin et

Remarks,

RETURN OF A BIRTH

1887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 7

4. Place of Birth, (Street and Number) Cooper St

5. Full Name of Mother, Barbara Roberts

6. Mother's Maiden Name, Barbara Ettel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Roberts

9. Father's Occupation, Laborer

10. Father's Birthplace, North Wales

Name of Medical Attendant, or other Person who makes this Return Miss Ettel

Address,

Remarks,

OCT
12
1887

"Give the name of the mother of the child, and the maiden name of the mother of such child or children."

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or other person duly qualified, hereafter, it shall then become the duty of the parent or parents of such child to cause the birth and death of the child, in the manner, and within the period above required, except in the cases of the birth and death of a child, or of a person, or of any person or persons, who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of not more than ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court, to be recovered as other fines and penalties are recovered.

OCT
10
1893

- (11) CHINIERE AND STATIONERS

should be filled out by the parent or guardian of the child, or by the mother, immediately thereafter, it shall then become the duty of the parent or guardian of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this ordinance, shall be subject to a fine of ten dollars or imprisonment for not more than thirty days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 2, 1883*

4. Place of Birth, (Street and Number) *East 2d St. No. 222*

5. Full Name of Mother, *Margaret McLean*

6. Mother's Maiden Name, *Caroline Miller*

7. Mother's Birthplace, *Baldv. Lodge*

8. Full Name of Father, *Adam McLean*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baldv. Lodge*

Name of Medical Attendant, *Harg. E. Miller*
or other Person who make this return

Address, *125 Dallas St. No. 26*

Remarks,

RETURN OF A BIRTH

66590

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1903

Give the full name, sex, age, and maiden name of the mother of each child or children.

3
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Oct 7 / 1903
 4. Place of Birth, (Street and Number) 147 N. Mount St
 5. Full Name of Mother, Mary Wiegand
 6. Mother's Maiden Name, Newell
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Leher Wiegand
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return Thomas Opie M.D.
 Address, 179 N. Howard St
 Remarks,

RETURN OF A BIRTH

66591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 7/83*
4. Place of Birth, (Street and Number) *475 Linnell St*
5. Full Name of Mother, *Maggie A. Lydon*
6. Mother's Maiden Name, *Spain*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Timothy Lydon*
9. Father's Occupation, *Plasterer*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return *Thomas O'pie M.D.*
- Address, *179 N. Howard St*
- Remarks.

RETURN OF A BIRTH

16592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 9th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Born October 7 1883*

4. Place of Birth, (Street and Number) *262 Robing St Baltimore*

5. Full Name of Mother, *Ellene Parker*

6. Mother's Maiden Name, *Ellen Taylor*

7. Mother's Birthplace, *ann arundel county*

8. Full Name of Father, *Edward Parker*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *ann arundel county*

Name of Medical Attendant, or other Person who makes this Return *Chas H. Warr*

Address, *258 Robing St*

Remarks, *un*

RETURN OF A BIRTH

16592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 7th 1883

4. Place of Birth, (Street and Number)

Nº 91 South Spring st.

5. Full Name of Mother,

Giddel Sydnitzki

6. Mother's Maiden Name,

Ellinger, Doc

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Liebmann Sydnitzki

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Mrs Dushman, midwife

Address,

Nº 6 Broad - Alley Lombard st

Remarks,

This report is written by Heinrich Schuchat 151 East Lombard st.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period herein required, except in the cases of the births and deaths of illegitimate children, and in such cases the parent or parents shall be liable to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66995

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 7 83

4. Place of Birth (Street and Number)

445 Carey St

5. Full Name of Mother

Carrie Shupling

6. Mother's Maiden Name

Carrie Roberts

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fayell Shupling

9. Father's Occupation

Carpenter

10. Father's Birthplace

Howard Co. MD

Name of Medical Attendant, or other Person who makes this Return.

A. A. Polo

Address

201 North Ave

Remarks

1

RETURN OF A BIRTH

66597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 16 1883

4. Place of Birth, (Street and Number) 1204 1/2 Caroline St

5. Full Name of Mother, Ann E. Smith

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank F. Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who make this Return Dr. H. M. Willgitt

Address, 182 E. ... St.

Remarks,

RETURN OF A BIRTH

16598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

OCT 7 1883

4. Place of Birth, (Street and Number)

528 W BALD

5. Full Name of Mother,

Minie Haig

6. Mother's Maiden Name,

Minie Lockwood

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Samuel Haig

9. Father's Occupation,

Carpet Manufacturer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

J. A. Quodman

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 7th 1883

4. Place of Birth, (Street and Number)

38 Forrest St

5. Full Name of Mother,

Mary Jones

6. Mother's Maiden Name,

Mary Stokes

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Jones

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5 Forrest St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 7th 1883

4. Place of Birth, (Street and Number)

No 9 Painters Court

5. Full Name of Mother,

Ellen Rogers Foreman

6. Mother's Maiden Name,

Ellen Stokes Rogers

7. Mother's Birthplace,

Balchertown

8. Full Name of Father,

August Rogers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Harriett Jackson

Address,

5th Forrest St

Remarks,

any person or persons who shall neglect or refuse to report the birth of such child to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7 October 1883*
4. Place of Birth, (Street and Number) *140 Hudson Baltimore Md.*
5. Full Name of Mother, *Ellen Ahern*
6. Mother's Maiden Name, *" Shannon*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Ahern*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks,

copy of the report or return of each child to report its birth to the Board of Health, in the manner, and within the period above required, and if any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6* DEC 6 1883

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 4 7*

4. Place of Birth, (Street and Number) *Baltimore. Dover Street 188*

5. Full Name of Mother, *Catherine Ann Leve*

6. Mother's Maiden Name, *Catherine Ann Burns*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Edward Leve*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Seabrook*

Address, *Pratt Street*

Remarks, *very healthy child*

duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and at the time, and to the officers, provided for in the laws of this State, and to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with this provision shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 7th 1883

4. Place of Birth, (Street and Number)

21 Robert St.

5. Full Name of Mother,

Catherine Beauchamp

6. Mother's Maiden Name,

Hawkins

7. Mother's Birthplace,

Del.

8. Full Name of Father,

Jas. Thos. Beauchamp

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto. City

Name of Medical Attendant,

or other Person who makes this Return

J. M. Morrison M.D.

Address,

431 Anna Ave.

Remarks,

RETURN OF A BIRTH *11604*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 7 1883

4. Place of Birth, (Street and Number)

275 mulberry St

5. Full Name of Mother,

Annie Devard

6. Mother's Maiden Name,

Connelly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Louis Anthony

9. Father's Occupation,

Gardener

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21st Poppleton St

Remarks,

RETURN OF A BIRTH.

86608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth
1. Sex (~~state whether Male or Female~~) _____
2. Race or Color (~~if not~~ of the white race) _____
3. Date of Birth Oct. 7th 1883
4. Place of Birth (Street and Number) 138 F Ida. St
5. Full Name of Mother Mary Lewis Warfield
6. Mother's Maiden Name Lewis
7. Mother's Birthplace Balt
8. Full Name of Father David William Warfield
9. Father's Occupation Book Keeper
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. Chas C. Price M.D.
- Address 262 Madison Ave
- Remarks _____

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- 27.12.18

- Volume 116 1113

- [Faint handwritten signature]*

- August 16, 1901

- Richie

75. *Adiantum*

- Charles F. Johnson

- M. i. i.*

- [Handwritten signature]*

Edw. H. Johnson

S. C. Carver - Caroline, N.H.

U.S. CITY PRINTERS AND STATIONERS

certificate, between the first and third day of each and every month in the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified to perform the duties of the office, the person so attending shall, within the period of one month after the birth of the child, file a statement of the facts of the birth with the Board of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *8 October*
4. Place of Birth, (Street and Number) *220 Stanford Avenue*
5. Full Name of Mother, *Madeline Nielsen*
6. Mother's Maiden Name, *Madeline Nielsen*
7. Mother's Birthplace, *Denmark*
8. Full Name of Father, *George Nielsen*
9. Father's Occupation, *Cigar manufacturer*
10. Father's Birthplace, *Denmark*
- Name of Medical Attendant, or other Person who makes this Return *Anna Halber*
- Address, *137 E. Congress Street,*
- Remarks, *OK*

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

11608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
1983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Oct 8. 1883

Place of Birth, (Street and Number)

323 2. Chase St.

Full Name of Mother,

Mary Thomas

Mother's Maiden Name,

Messinger

Mother's Birthplace,

Pennsylvania

Full Name of Father,

William F. Thomas

Father's Occupation,

Printer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Brown M.D.

Address,

68 N. Calver St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1883

- 11609
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 8. 1883. 2:5 A.M.
4. Place of Birth (Street and Number) Columbia St.
5. Full Name of Mother Mary E. Bottome
6. Mother's Maiden Name Mary E. Benckman
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel D. Bottome
9. Father's Occupation Timber
10. Father's Birthplace Richmond, Va.
- Name of Medical Attendant, or other Person who makes this Return. E. H. Holbrooks, M.D.
- Address 185 N. Carey St.
- Remarks

Place of its birth, and the said certificate shall be delivered, after proper certification, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or attended by other person, the mother, immediately thereafter, shall be required to appear in person, or by some other person, before the Board of Health, and to certify to the birth of the child, and to the name of the child, and to the sex of the child, and to the date of birth, and to the place of birth, and to the name of the mother, and to the name of the father, and to the name of the medical attendant, and to the name of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

153.
Name, sex or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 1891

4. Place of Birth, (Street and Number)

27 Consolida Street

5. Full Name of Mother,

Mary E Elliott

6. Mother's Maiden Name,

Mary E. Deary

7. Mother's Birthplace,

Fullerton

8. Full Name of Father,

John Alfred Elliott

9. Father's Occupation,

Carpenter

Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Jones

Address,

112 Chasford Ave

Remarks,

Baltimore Md.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3rd*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 8*
4. Place of Birth, (Street and Number) *Fort Avenue*
5. Full Name of Mother, *Coniequate Sellar*
6. Mother's Maiden Name, *Carl*
7. Mother's Birthplace, *Sumna*
8. Full Name of Father, *John Carl*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Sumna*
- Name of Medical Attendant, *Mar Ette*
or other Person who makes this Return
- Address,
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

State, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Oct. 8th 1883

Place of Birth, (Street and Number)

Baltimore Diamond St No. 28

Full Name of Mother,

Mary Baker

Mother's Maiden Name,

Carey

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Baker

Father's Occupation,

Macarive

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 28 Parkin St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sex, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 8th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin st. N^o. 94

5. Full Name of Mother.

Lottie Mills

6. Mother's Maiden Name.

.. Clemens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Mills

9. Father's Occupation,

Store-keeper

Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

58 Parkin st.

Remarks,

Place of its birth, and the mother, if she be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of the month in which the birth of the child shall occur, and the mother of the child, or of any other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the practitioner to report its birth to the Board of Health, in the manner, and within the period, and under the penalty, provided for in the Act relating to illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of the Act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 8. 1883.

4. Place of Birth, (Street and Number) 234 Lincoln Ave.

5. Full Name of Mother, Rosa H. Hess

6. Mother's Maiden Name, Harper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. W. Hess

9. Father's Occupation, Major, U. S. A.

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return J. F. Doyle M.D.

Address, 2517 Lombard St.

Remarks, _____

certificate, is given the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in other person be in at such child in any manner, in the manner, and within the period, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Fifth
Little Boy

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 October 8. 1883.

4. Place of Birth, (Street and Number)

Baltimore No 70. Monmouth

5. Full Name of Mother,

Mrs Kate Kuffman

6. Mother's Maiden Name,

Miss Kate Kuffman

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

Mrs. John Kuffman

9. Father's Occupation,

Labour

10. Father's Birthplace,

Born in Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Miller

Address,

1017. West Pratt st

Remarks,

RETURN OF A BIRTH

66620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Oct 18/88

4. Place of Birth, (Street and Number)

9. Duane St.

5. Full Name of Mother,

Margaret Michael

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Michael

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. L. Minton
J. S. Bailey

Address,

Remarks,

State, its sex, its physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificate, is taken the first and third day of each and every month to the board of Health, in the form of a certificate, and the physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly qualified by the board of Health, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 of October 1877

4. Place of Birth, (Street and Number) No 183 West St

5. Full Name of Mother, Maggie Wolff

6. Mother's Maiden Name, Maggie Gutzger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Wolff

9. Father's Occupation, Labor

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Salina Gutzger

Address, No 183 West St

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificate, in between the first and third line of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or the parent or person who makes this return for any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such child to report its birth to the Board of Health, in the manner, and within the period and under the penalties herein provided for, as if it were the birth of a legitimate child, and any person or persons who shall hereto fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

6/16/23

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The fifth child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

The eighth of October

4. Place of Birth, (Street and Number)

No. 436 South Street

5. Full Name of Mother,

Mary B. Bergin

6. Mother's Maiden Name,

Mary B. Zysander

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Dennis J. Bergin

9. Father's Occupation,

Machinist

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address

Dr. W. H. Hays

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth. Oct 8 - '83

4. Place of Birth, (Street and Number) 117 Biddle

5. Full Name of Mother, Susan Ferguson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, Ralph Ferguson

9. Father's Occupation, Car Driver

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return

Address, 181 Linden Ave.

Remarks, Taken with forceps.

certifying, to be taken the first and third day of each and every month to the Board of Health. In case the attendance of a physician, midwife, or other person, is not secured, the duty of the parent or guardian, except in the cases of the birth and death of illegitimate children, and any person or persons shall be liable to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Birthplace, in each the first and third day of each and every year, to the Registrar of Vital Statistics, or of a practitioner of midwifery, or of any other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so attending to the mother, to report the birth of the child to the Registrar of Vital Statistics, or to the practitioner of midwifery, or to the other person in attendance upon the mother, within the time specified in the provisions of this section, and if the parent or person so attending to the mother shall heretofore fail to comply with the provisions of this section, he shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

10
Male
White
Oct 28 1883
917 Lexington St.
Wm. R. Smith
" " St. Paul
Baltimore
Conrad Kurtz
Jeweler
German
Theodore Cooper

RETURN OF A BIRTH

66.6.26

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address.

Remarks.

1st
Female
White
Oct 5th 1888
#53 W. Fitch Ave.
Mary Thelma
J. P. Hill
Baltimore Md.
James A. Hill
Carpenter
Baltimore Md.

James A. Hill, M.D.
#182 E. Lombard St. SP

RETURN OF A BIRTH

66627

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

For the year ending in the month of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 8th 1883*

4. Place of Birth, (Street and Number) *437 E. Monument St*

5. Full Name of Mother, *Anna T. White*

6. Mother's Maiden Name, *Wheeler*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *George A. White*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Philadelphia, Pa.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Leonard T. Wright*

Address, *1132 E. Monument St*

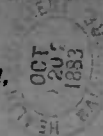
Remarks.

Learn, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

16628



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Child*
1. Sex (state whether Male or Female) *Colored*
2. Race or Color (if not of the white race) *Oct 8th 1883*
3. Date of Birth *Baltimore M.D*
4. Place of Birth (Street and Number) *Annie Collins*
5. Full Name of Mother *Annie S. Woodward*
6. Mother's Maiden Name *Montgomery County*
7. Mother's Birthplace *Christopher Collins*
8. Full Name of Father *Cyler Shuckler*
9. Father's Occupation *Eastern Shore Virginia*
10. Father's Birthplace *Mr. Sophie Collins Dr.*
- Name of Medical Attendant, or other Person who makes this Return. *No 92 St Paul Street*
- Address
- Remarks

certification, is given the first and third day of each month, any signed by the practitioner, in the form of a certificate, and the same shall be filed in the office of the Registrar, and the Registrar shall be responsible for the same. The birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or of a nurse, or of a person who shall then become the duty of the parent or person in charge of such child to report its birth, in the manner and form provided by law, to the Registrar, and any person who shall be guilty of such offense, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth, (4)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 8th 1883*

4. Place of Birth, (Street and Number) *No 123. N. Washington St.*

5. Full Name of Mother, *Barbara Sule*

6. Mother's Maiden Name, *" Pisan*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Joseph Sule*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*

Address, *No 20. Burnes St.*

Remarks, _____

Hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 3rd 1882*
4. Place of Birth (Street and Number) *Hampden St. No. 86*
5. Full Name of Mother *Soph. Meyer*
6. Mother's Maiden Name *Soph. Meyer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Ben. Meeker Fred. Meyer*
9. Father's Occupation *Box Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. R. Easton*
- Address *134 Hamburg St.*
- Remarks *Doing Well*

DEC
6
1882

RETURN OF A BIRTH 66631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, 8th of Oct
 4. Place of Birth, (Street and Number) 351 Little Rose St
 5. Full Name of Mother, Louisa Simmons
 6. Mother's Maiden Name, Louisa Johnson
 7. Mother's Birthplace, Virginia
 8. Full Name of Father, John Simmons
 9. Father's Occupation, Laborer
☒ Father's Birthplace, Maryland
 Name of Medical Attendant, or other Person who makes this Return, Olga Foster
 Address, 405 Vincent alley near Baker
 Remarks, all right

OCT
16
1883

Each of the persons named in this certificate, duly signed by the practitioner, duly stamped by the practitioner, in the form of a certificate, is to be filed in the office of the Registrar of Vital Statistics, and the same shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oct 16 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 8

4. Place of Birth, (Street and Number) No. 342, 6th St. Baltimore

5. Full Name of Mother, Mrs. Emma Schmidt

6. Mother's Maiden Name, Emma

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Schmidt

9. Father's Occupation, Watchman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. J. C. Bond

Address, No. 53, S. Bond St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
16
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight - 8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 8th 1883

4. Place of Birth, (Street and Number)

Matronite - 161 N Lombard

5. Full Name of Mother,

Annie Snyder

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

M.P. M Introd 3rd

Name of Medical Attendant, or other Person who makes this Return

Address, 161 N Lombard.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66634

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, October 8 1883

4. Place of Birth, (Street and Number)

Columbia Street 230

5. Full Name of Mother,

Leo Muhring

6. Mother's Maiden Name,

Runkhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John C. Muhring

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

City Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Slaughter

Address,

21 N. Poppleton St

Remarks,

Amber City

NO 1
2
1883

Whit

glauc
White

glauc
White

9. Oct. 1853

294 Kanonen 97

This Will

L. Flammbeck

Baltimore

At Will

Butcher

Evansville Ind. May

This Abinuck

1 Love Danforth St

Remarks.

DATA PLINTING AND STATIONERS.

certificates, between the first and third day of each and every month, to the Registrar of Vital Statistics, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report the birth of the child to the Registrar of Vital Statistics, in the manner, and within the period above prescribed, and except in the case of stillbirths, the person so attending shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9th Oct. 1883
4. Place of Birth, (Street and Number) Balt. old #44 Light St
5. Full Name of Mother, Mrs. Sophia Klein
6. Mother's Maiden Name, Sophia Fickmelt
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, George Klein
9. Father's Occupation, Milkman
10. Father's Birthplace, Balt. Md
- Name of Medical Attendant, or other Person who makes this Return Dr. J. M. Mearns
- Address, 1 S. Carroll St
- Remarks, _____

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

91
1923

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltimore October 11th 1923*
1. Sex, (state whether male or female) *Wm D Dixon*
2. Race or Color, (if not of the white race) *May of father*
3. Date of Birth, *10 Drayman*
4. Place of Birth, (Street and Number) *11th in*
5. Full Name of Mother, *Wm B Boyd St. can from*
6. Mother's Maiden Name, *1000*
7. Mother's Birthplace, *1000*
8. Full Name of Father, *1000*
9. Father's Occupation, *1000*
10. Father's Birthplace, *1000*
- Name of Medical Attendant, *1000*
- Address, *1000*
- Remarks, *1000*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance when the mother, immediately thereafter, it shall then become the duty of the person or persons who shall be present at the birth, to report of the birth and death of the child to the Board of Health, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 9, 1883*

4. Place of Birth, (Street and Number) *11 Dallas St. No. 29.*

5. Full Name of Mother, *Katharine Lang*

6. Mother's Maiden Name, *Katharine Fritz*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Jacob Lang*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *11 Dallas St. No. 29*

Remarks, _____

RETURN OF A BIRTH

11639

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th 9-1882
4. Place of Birth, (Street and Number) 42 Hamburg st
5. Full Name of Mother, Mary Eyerly
6. Mother's Maiden Name, Maria
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Eyerly
9. Father's Occupation, Laborer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs Ann Nash
- Address,
- Remarks,

RETURN OF A BIRTH 66640

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child
Female

White

9th October 1888

56 Avenue Street

Lena Beatty

Lena Beatty

Baltimore Md

Frederick J. Beatty

Fireman

Ireland

Miss Chisholm

113 Kearsford Ave

Baltimore Md

1888

in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, or should the child be born in the manner and within the period above provided, except in the cases of this birth, and deaths of illegitimate children, and any person or persons who shall be convicted of such offense, to be convicted as other laws and regulations are made, to a fine of ten dollars for each offense, to be recovered as other laws and regulations are made.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male
white

DEC
12
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 9th 1883

4. Place of Birth, (Street and Number)

27 S. Peter St

5. Full Name of Mother,

Emma Stalle

6. Mother's Maiden Name,

Brille

7. Mother's Birthplace,

Virginia
Chas Stalle

8. Full Name of Father,

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr J. D. Blake M.D.

Address,

158 S. Paca St

Remarks,

RETURN OF A BIRTH *6642*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 9th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin St. N^o. 116

5. Full Name of Mother,

Mary Patterson

6. Mother's Maiden Name,

" Foss

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Patterson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 3-8 Parkin St.

Remarks,

any child shall occur without the attendance of a physician, or of a practitioner of midwifery, and no person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed. Any person failing to comply with the provisions of this section shall be subject to a fine of ten dollars, which offense, to be recovered, as with other fines and penalties herein provided, shall be subject to the jurisdiction of the Board of Health.

7743

Second

Female

White

Oct. 9th 1883

C. Richter - H.

Gora Percival Lindell

Wheaton

Milsiikki

Dorsey W. Pindell

Salesman

Maryland

Christian War?

431 Penna. Ave

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

16644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1923

"of Child of Mother, (state whether 1st, 2d, 3d, &c.)"

1. Sex, (state whether male or female) 6th
2. Race or Color, (if not of the white race) female
3. Date of Birth, white
4. Place of Birth, (Street and Number) Oct 7 - 23
5. Full Name of Mother, No 6 Short St
6. Mother's Maiden Name, Anna Bolat
7. Mother's Birthplace, Anna Gates
8. Full Name of Father, Baltimore
9. Father's Occupation, Andrew Bolat
10. Father's Birthplace, Stevens
- Name of Medical Attendant, or other Person who makes this Return Balt
- Address St Mary Mch
- Remarks 192 Nighth St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12
1903

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

Oct 9th 1883

5. Place of Birth, (Street and Number)

35 Arch St

6. Full Name of Mother,

Kattie Robertson

7. Mother's Maiden Name,

Kattie Brundage

8. Mother's Birthplace,

Virginia

9. Full Name of Father,

John J. Robertson

10. Father's Occupation,

Barber

11. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. A. Gillies MD

Address,

150 N. Euterby

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

75547

13

[illegible]

or other Person who
makes this Return

1

1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 9 1883

4. Place of Birth, (Street and Number)

Popperton St 29, S,

5. Full Name of Mother,

Leekia C Wood

6. Mother's Maiden Name,

Mally

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam L Wood

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Lyndrick County

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21. etc Popperton St

Remarks,

Certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

October 28th

4. Place of Birth, (Street and Number)

Baltimore Hubbard St. No. 12

5. Full Name of Mother,

Mary Shreck

6. Mother's Maiden Name,

Marley

7. Mother's Birthplace,

unnapolis

8. Full Name of Father,

Charles Shreck

9. Father's Occupation,

labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Stathorn

Address,

William T. St. 3rd

Remarks,

RETURN OF A BIRTH

16650

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Female.

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

October 9th 1883

5. Place of Birth, (Street and Number)

No. 50 N. Cutaw. St.

6. Full Name of Mother,

Kate M. Kearney

7. Mother's Maiden Name,

Kate M. Conroy.

8. Mother's Birthplace,

Washington.

9. Full Name of Father,

Wm. J. Kearney.

10. Father's Occupation,

Horse-Shoer.

11. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mammel

Address,

Varstays St. 283.

Remarks,

RETURN OF A BIRTH

11651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)...

male
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 9 1883

4. Place of Birth, (Street and Number)

77 Lee St.

5. Full Name of Mother,

Petie Woepkeum

6. Mother's Maiden Name,

Petie Schocher (city)

7. Mother's Birthplace,

Nathan Woepkeum

8. Full Name of Father,

Closter

9. Father's Occupation,

Germany

10. Father's Birthplace,

Aschmun

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, as provided for in the laws of this State, and the mother be in attendance upon the mother, immediately thereafter it shall then become, and shall remain, the duty of the mother to report the birth of the child to the Board of Health, in the manner, and within the period above provided, except in the case of a child born to a woman who is a patient in a hospital, or in any person or persons who shall hereafter fail to comply with the provisions of this section, the mother or person so failing shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

66652

- ALL RIGHTS RESERVED

RETURN OF A BIRTH, 16613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth Oct. 9, 1883
 4. Place of Birth, (Street and Number) 11 East St.
 5. Full Name of Mother Marta Hansen
 6. Mother's Maiden Name Hansen
 7. Mother's Birthplace Latvia
 8. Full Name of Father Carl Hansen
 9. Father's Occupation Laborer
 Father's Birthplace Balti. Co. Md.
 Name of Medical Attendant, or other Person who makes this return. Edward R. Smith
 Address 57 Lexington St.
 Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

10. October, 1883

4. Place of Birth, (Street and Number)

1013 Rice St

5. Full Name of Mother,

Sara Shanks

6. Mother's Maiden Name,

Sara Harris

7. Mother's Birthplace,

Shelton, D.C.

8. Full Name of Father,

William Harris

9. Father's Occupation,

Baltimore, Md

10. Father's Birthplace,

Laurens, Maine

Name of Medical Attendant,

or other Person who makes this Return

May C. Jones

Address,

1017 Water St

Remarks,

See also the birth of any child shall occur without the aid of a physician or midwife, or the attendance of a physician or midwife, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, prescribed by the Board of Health, and to pay to the said Board of Health, for the purpose of defraying the expenses of the birth, a fine of ten dollars, or a term of imprisonment, or both, at the discretion of the Board of Health, and to pay to the said Board of Health, for the purpose of defraying the expenses of the birth, a fine of ten dollars, or a term of imprisonment, or both, at the discretion of the Board of Health, and to pay to the said Board of Health, for the purpose of defraying the expenses of the birth, a fine of ten dollars, or a term of imprisonment, or both, at the discretion of the Board of Health.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a distance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report the birth of the child to the Board of Health, in the manner, and within the time, prescribed by the Board of Health, and any person who shall fail to comply with the provisions of this section, shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, and such fine and imprisonment shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

10 October

4. Place of Birth, (Street and Number)

Demersol Street 83

5. Full Name of Mother,

Friedricque Root Westerkam

6. Mother's Maiden Name,

Friedricque Root

7. Mother's Birthplace,

Herrn! Wurtemberg.

8. Full Name of Father,

Joseph Westerkam

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Quisbach. Prussia

Name of Medical Attendant,

or other Person who makes this Return

Anna Waller

Address,

239 E. Eager Street.

Remarks,

RETURN OF A BIRTH

66656

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 10. 1883

4. Place of Birth, (Street and Number)

6 Bulls alley

5. Full Name of Mother,

Margaret Linchum

6. Mother's Maiden Name,

" " Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Linchum

9. Father's Occupation,

Ship carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Alfred W. Nash

Address,

Remarks,

RETURN OF A BIRTH

6657

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Colored Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

October 10th 1883

4. Place of Birth, (Street and Number)

111 Chestnut ally

5. Full Name of Mother,

Catherine Mill

6. Mother's Maiden Name,

Byer

7. Mother's Birthplace,

Canada Ont

8. Full Name of Father,

George B. Mill

9. Father's Occupation,

High Inspector

10. Father's Birthplace,

Oxford West Talbot County Md.

Name of Medical Attendant,

or other Person who makes this Return

Herriatt Hamilton 65 and 27

Address,

Remarks,

RETURN OF A BIRTH

66658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 10th / 1883

4. Place of Birth, (Street and Number)

Baltimore Sterrett st. N. 18

5. Full Name of Mother,

Eliza Mackentee

6. Mother's Maiden Name,

Dann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Mackentee

9. Father's Occupation,

Car. Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N. 5th 358 Parkin st.

Remarks,

Do not write on the back of this card, and do not write on the name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. th

OCT
12
1903

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 10

4. Place of Birth, (Street and Number)

Cooper St

5. Full Name of Mother,

Mary Kelley

6. Mother's Maiden Name,

Mary Henry

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Kelley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Marr Etzel

Address,

No 13 Cuba St

Remarks,

RETURN OF A BIRTH

6660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct^r 10th 1883.

4. Place of Birth, (Street and Number)

376 N. Stickler St.

5. Full Name of Mother,

Mary S. Reynolds.

6. Mother's Maiden Name,

Mary S. Underwood.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Wm H. Reynolds.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

J. J. Powell
227 Canton St.

Address,

Remarks,

Child Large and Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex, (state whether male or female).....

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 10th 1883.

4. Place of Birth, (Street and Number)

525 E. Eager St.

5. Full Name of Mother,

Mary E. Humphreys-

6. Mother's Maiden Name,

Rugh.

7. Mother's Birthplace,

Wales.

8. Full Name of Father,

James Humphreys.

9. Father's Occupation,

Miner.

10. Father's Birthplace,

Wales.

Name of Medical Attendant, or other Person who makes this Return.

John H. White, M.D.

Address,

342 N. Broadway.

Remarks,

RETURN OF A BIRTH.

66662

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 1 1883

born, to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 10th 1883

4. Place of Birth (Street and Number)

Lamar St. No. 55

5. Full Name of Mother

Mary J. Rogers

6. Mother's Maiden Name

Mary J. Kelly

7. Mother's Birthplace

New York City

8. Full Name of Father

Michael H. Rogers

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

D. G. Spanner M.D.

Address

A. Stricker St. No. 427

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

For this purpose, add the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 of October 1892

4. Place of Birth, (Street and Number) No 227 W. Hillman

5. Full Name of Mother, Louisa Brown

6. Mother's Maiden Name, Louisa Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

name of the mother of each child or children.

RETURN-OF A BIRTH,

61665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 10 1883

4. Place of Birth, (Street and Number) St Paul St apt 2

5. Full Name of Mother Rebecca Moore

6. Mother's Maiden Name Rebecca Griffith

7. Mother's Birthplace Balt

8. Full Name of Father John Moore

9. Father's Occupation clerk

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return.

J H Patterson M D

Address

23 Franklin

Remarks

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child, or in the case of illegitimate children, and in the case of any person or persons who shall harbor or fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. birth

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) West

3. Date of Birth. 10. October

4. Place of Birth, (Street and Number) Lombard Street No. 315.

5. Full Name of Mother, Anna Albrecht

6. Mother's Maiden Name, Egenhofer

7. Mother's Birthplace, Hochstadt, Prussia

8. Full Name of Father, Anton Albrecht

9. Father's Occupation, _____

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. Krause or other Person who makes this Return

Address, _____

Remarks, Lombard Street No. 248

NOV 22 1893

name of the mother of such child or children.

RETURN OF A BIRTH,

86667

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth child



1. Sex (state whether male or female)

W

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 10 1885

4. Place of Birth, (Street and Number)

N. 286 N. Storer St.

5. Full Name of Mother

Emma King

6. Mother's Maiden Name

Emma King

7. Mother's Birthplace

Balt

8. Full Name of Father

Wm. N. King

9. Father's Occupation

Book Keeper

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

J. H. Hutton M.D.

Address

28 Franklin St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

October 10 1883

4. Place of Birth, (Street and Number)

538 1/2 Indiana St Baltimore

5. Full Name of Mother,

Sarah Butler

6. Mother's Maiden Name,

Sarah Fisher

7. Mother's Birthplace,

Phillipon Butler Frederick City

8. Full Name of Father,

Phillipon Butler

9. Father's Occupation,

Wood - Lumber

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Charles W. Wain

Address,

258 R. Carey St

Remarks,

None

At the signing, the true name of the mother of said child or children.

PRINTED AND STATISTICAL

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61169

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 16/88

4. Place of Birth (Street and Number)

132 Pearl St.

5. Full Name of Mother

Fannie W. Hammer

6. Mother's Maiden Name

Butcher

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles A. Hammer

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edm. B. Rider

Address

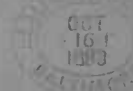
198 N. Fremont St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male - Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 10 83

4. Place of Birth (Street and Number)

467 Fremont St

5. Full Name of Mother

Mollie Bunting

6. Mother's Maiden Name

Mollie Wooden

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Herfield Bunting

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

A C Polo

Name of Medical Attendant, or other Person who makes this Return.

Not Noted

Address

Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time prescribed by the Board of Health, and if they fail to do so, they shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and regulations shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 10/83

4. Place of Birth, (Street and Number)

307 E. Paca St.

5. Full Name of Mother,

Lizzie McGowan

6. Mother's Maiden Name,

a McCoy

7. Mother's Birthplace,

City

8. Full Name of Father,

Bernard McGowan

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Dr D Blake M

Address,

Remarks,

RETURN OF A BIRTH 16672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1893

born, its or their physical condition, whether still-born or not, the full name, nativity, and race of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child

Male

White

1st October 1892

1100 North Carroll St.

M. Clara Thomas

Anna M. Clarke

England

Charles Thomas

Engineer at Baltimore

Baltimore, Md.

Mrs. Christina Linn

115 Lombard Street

Baltimore, Md. 1892

RETURN OF A BIRTH 6672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
OCT 10 1883

born, its or their physical condition, whether still-born or not, the full name, nativity, age, sex, and date of birth, of the parents, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 51
- Sex, (state whether male or female) female
 - Race or Color, (if not of the white race) White
 - Date of Birth, October the 10, 1883
 - Place of Birth, (Street and Number) Canal St No 14
 - Full Name of Mother, Henry Jacobs
 - Mother's Maiden Name, Henry Slater
 - Mother's Birthplace, Baltimore
 - Full Name of Father, John E. Jacobs
 - Father's Occupation, Carpenter
 - Father's Birthplace, Baltimore
 - Name of Medical Attendant, or other Person who makes this Return Mrs S. Kelly
 - Address, No 792 Pratt St
 - Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

116711
2nd
Female
colored
Oct 10th 83
47 Clay St
Matthie K Jones
" Smith
Richmond Va
Mrs H Jones
Saloon Keeper
South Carolina
H V Nelson M D
Calhoun & Bates

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 Oct 1883

1883

4. Place of Birth, (Street and Number)

Baltimore 206 Columbia

5. Full Name of Mother,

Julia Harmer

6. Mother's Maiden Name,

Julia Reed

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Harmer

9. Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Susan Harmer

Address,

21 N. Poppleton St Baltimore

Remarks,

all well.

born, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 10 1863

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *OCT 10 1863*

4. Place of Birth, (Street and Number) *576 Mulberry St.*

5. Full Name of Mother, *Clara A. Stromeyer*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *C. J. Stromeyer*

9. Father's Occupation, *Merchant Sailor*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *E. W. Lee M.D.*
or other Person who makes this return.

Address, *192 W. Carey St*

Remarks,

RETURN OF A BIRTH

66477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 10th 1883.

4. Place of Birth, (Street and Number)

X 438 Druid Hill Avenue.

5. Full Name of Mother,

Ida Sebron.

6. Mother's Maiden Name,

Ida Strasbaugh.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Frank Sebron.

9. Father's Occupation,

clerk.

Father's Birthplace.

Baltimore.

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. H. Powell

Address,

X 29 Arisjith Street.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Male

Oct 10/83

110 Hanover St

Clara Tall

"

Derby, Ct 1849

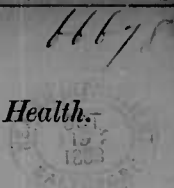
Capt W. Tall

Capt. School

Dorchester Ct 1849

Dr F. Linn

162 Hanover St



certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, the duty of the parent or person so required, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *?*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *10 October*
4. Place of Birth, (Street and Number) *41 Albemarle*
5. Full Name of Mother, *Ricky Kramer*
6. Mother's Maiden Name, *Stutz*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Geo. Kramer*
9. Father's Occupation, *Resturant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address, *2. C. Lombard street.*
- Remarks, _____

to, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

OCT 16

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of October

4. Place of Birth, (Street and Number) 105 Johnson St

5. Full Name of Mother, Charlotte Lavinia Nash

6. Mother's Maiden Name, Christine

7. Mother's Birthplace, Germany

8. Full Name of Father.....Charles Mortimer Nash.....

9. Father's Occupation, Commission Merchant

Father's Birthplace: Maryland

Name of Medical Attendant, or other Person who makes this Return Misses Conroy

Address.....

Remarks:

RETURN OF A BIRTH 66681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10 Oct.

4. Place of Birth, (Street and Number) 14 Caroline St

5. Full Name of Mother, Rosa Strohmeier

6. Mother's Maiden Name, Harriet

7. Mother's Birthplace, Balt.

8. Full Name of Father, Eugen Strohmeier

9. Father's Occupation, Printer

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT
16
1933

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16652

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

OCT
16
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 20th 1883

4. Place of Birth, (Street and Number)

Matronite - 111 N. Hubbard

5. Full Name of Mother,

Mary Jane Banning

6. Mother's Maiden Name,

J. J.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

W. P. M. Litch

Address,

161 N. Hubbard

Remarks,

W. P. M. Litch
Matronite

born, is of their physical condition, whether a child or not, and the name of the mother of such child or children."

RETURN OF A BIRTH

66683

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
15
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

October 10 1883

4. Place of Birth, (Street and Number)

Batter Aley. No 9 Baltimore City

5. Full Name of Mother,

Jane ~~Hayes~~ Matthews

6. Mother's Maiden Name,

Jane Bailey

7. Mother's Birthplace,

Harrel County

8. Full Name of Father,

Chas. Matthews

9. Father's Occupation,

Work in the Brick Yard

Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Charles W. M. M.

Address,

258 Rutledge St

Remarks,

None

in, as or their physical condition, whether single or not, the age, sex, race, color, and the maiden name of the mother of such child or children,

General use, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

44654

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

17
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7^d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth October 16th 1883
4. Place of Birth, (Street and Number) 216 William St.
5. Full Name of Mother Elizabeth C. Wood
6. Mother's Maiden Name Townsend
7. Mother's Birthplace Baltimore
8. Full Name of Father James A. Wood
9. Father's Occupation Letter carrier
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Annie Green
- Address 134 Light St.
- Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11685
over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name - William James Gray
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 10, 1883.
4. Place of Birth, (Street and Number) 248 S. Eutamias St.
5. Full Name of Mother, Mary Virginia Gray.
6. Mother's Maiden Name, " " Fletcher,
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Saml. F. Gray,
9. Father's Occupation, Feed & Com. Merchant,
10. Father's Birthplace, Balto. City.
Name of Medical Attendant, or other Person who makes this Return R. J. W. Tall. M.
Address, 152 Sharp St.
Remarks,

RETURN OF A BIRTH 66687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

(Thirso) The 2d Thirso

Sex, (state whether male or female)

Male & Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 11th 1863

4. Place of Birth, (Street and Number)

403 N Bond st
Care E. Gerhardi

5. Full Name of Mother,

Simon

6. Mother's Maiden Name,

Balto Co, Md.

7. Mother's Birthplace,

David Gerhardi

8. Full Name of Father,

Polisher

9. Father's Occupation,

N Carolina

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

M. B. Billingsley

Address,

256 E. Boston st

Remarks,

certification, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the person so attending shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the person so attending shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the person so attending shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estella Mae *Judd*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th.*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 11th. 1883*
4. Place of Birth, (Street and Number) *No. 127 E. Biddle St.*
5. Full Name of Mother, *Annie Judd*
6. Mother's Maiden Name, *Annie Dambro*
7. Mother's Birthplace, *Harford County*
8. Full Name of Father, *Joseph Tudor*
9. Father's Occupation, *Superintendent Wagon*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *M. A. Bell*
or other Person who makes this Return

Address, *No. 185 S.E. cor Central av. & Monument St.*

Remarks, *ill*

11189

[illegible]

- 1920 9173 CUBITORS AND STATIONER.

RETURN OF A BIRTH 11690

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 11 1883
4. Place of Birth, (Street and Number) 321 Madison Ave
5. Full Name of Mother, Mary L Rhodes
6. Mother's Maiden Name, Cochran
7. Mother's Birthplace, Ind
8. Full Name of Father, Oliver L. Rhodes
9. Father's Occupation, Merchant
10. Father's Birthplace, Va
Name of Medical Attendant, or other Person who makes this Return, Geo H. [Signature]
Address, [Signature]
Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

16691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct-11-1883

4. Place of Birth, (Street and Number)

187 Green

5. Full Name of Mother,

Rebecca Macbeth

6. Mother's Maiden Name,

Shirley

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Charles F. Herbert

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Balti

Name of Medical Attendant,

or other Person who makes this Return

Dr. Sarah M. W.

Address,

148 N. Exeter St.

Remarks,

RETURN OF A BIRTH

66692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 11*
4. Place of Birth, (Street and Number) *132 S. Broadway*
5. Full Name of Mother, *Jennie Hongz Wilson*
6. Mother's Maiden Name, *Griffith*
7. Mother's Birthplace, *W. Va.*
8. Full Name of Father, *James Lee Wilson*
9. Father's Occupation, *Model & Pattern Maker*
10. Father's Birthplace, *W. Va.*
- Name of Medical Attendant, or other Person who make this return *E. P. Jones M.D.*
- Address *375 E. Baltimore St.*
- Remarks, *Healthy Child*

Persons attending the birth of a child, and the mother, shall be responsible for the correctness of the information furnished. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the person attending the birth shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable. This section shall be subject to the provisions of the Act of the General Assembly, passed March 27, 1883, in relation to the registration of births, in the manner, and to the extent therein provided, except in the cases of the births and deaths of illegitimate children, and in the case of persons who, after having been arrested, hereafter fail to comply with the provisions of the Act of the General Assembly, passed March 27, 1883, in relation to the registration of births, in the manner, and to the extent therein provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 11 1883

4. Place of Birth, (Street and Number) 10 Rock St

5. Full Name of Mother, Laura Miller

6. Mother's Maiden Name, Glover

7. Mother's Birthplace, Ellisport City Md

8. Full Name of Father, George O. Miller

9. Father's Occupation, Labourer

10. Father's Birthplace, Ellisport City Md

Name of Mrs Mary E. Haschut or other Person who makes this Return

Address, 15 Baker's St

Remarks, doing well

Oct
12
1883

In cases the birth of a child, the first and chief duty of each and every month to the Board of Health, and in cases the birth of a child shall occur without the attendance of a physician, or of an officer of health, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time specified in the regulations of the Board of Health, and in the case of illegitimate children, and in the case of children born to persons who are not lawfully married, the parents shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child

OCT
12
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 11 - 1883

4. Place of Birth, (Street and Number)

No. 22 Elizabeth Lane

5. Full Name of Mother,

Victoria Schmidt

6. Mother's Maiden Name,

Gies

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John F. Schmidt

9. Father's Occupation,

Harmonizer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Remond St.

Remarks,

RETURN OF A BIRTH

4697

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

121
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 11/83.

4. Place of Birth, (Street and Number)

5 Hollins

5. Full Name of Mother,

Grace Scherer

6. Mother's Maiden Name,

" Bowens

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Wm C. Schuer

9. Father's Occupation,

Turnshin of Building Material

Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

179 W Howard St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
12 1

of this parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 of October 1887

4. Place of Birth, (Street and Number)

No 75 Johnson St

5. Full Name of Mother,

Barby Rice

6. Mother's Maiden Name,

Barby Waver

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Rice

9. Father's Occupation,

Chief Carpenter

Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Salina Greckler

Address,

No 128 West St

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, or of a midwife, or of a nurse, or of a person authorized by law to attend the birth of children, the mother, or the parent or parents of such child, or any person or persons who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

OCT
12
1883

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 of October 1883

4. Place of Birth, (Street and Number) No 128 Montgomery St

5. Full Name of Mother, Eliza Stinson

6. Mother's Maiden Name, Kate Hallerback

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Stinson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Freshwater

Address, No 105 West St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *11. October 1883*
4. Place of Birth (Street and Number) *137. Fell St.*
5. Full Name of Mother *Emma H. Scarborough*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *King - George Co. Va.*
8. Full Name of Father *Rhodes Moore*
9. Father's Occupation *Scrummer*
10. Father's Birthplace *Accomack Co. Va.*
Name of Medical Attendant, or other Person who makes this Return. *J. D. Oyles*
Address *146. Hill St.*
Remarks *Both mother and child are doing well now*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother, or of the person so attending her, to send a report of the birth of the child to the Board of Health, within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Achilde*
1. Sex, (state whether male or female) *Male child*
2. Race or Color, (if not of the white race) *Color blonde*
3. Date of Birth, *The 11 of October 1883*
4. Place of Birth, (Street and Number) *87 Senanball street*
5. Full Name of Mother, *Luisa Witen*
6. Mother's Maiden Name, *Luisa Moris*
7. Mother's Birthplace, *Gettysburg, Maryland*
8. Full Name of Father, *Nestie Witen*
9. Father's Occupation, *Owner of a Shop*
10. Father's Birthplace, *Massie County*
- Name of Medical Attendant, *or other Person who makes this Return* *Melley S. Jones*
- Address, *No. 12 Furnace Alley*
- Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, provided for in the provisions of the Act, and if any person or persons shall hereafter fail to comply with the provisions of the Act, each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 October
4. Place of Birth, (Street and Number) 29 Front
5. Full Name of Mother, Mary Armstrong
6. Mother's Maiden Name, Bennet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Armstrong
9. Father's Occupation, ~~College~~ College driver
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 E. Lombard street
- Remarks,

RETURN OF A BIRTH

66703

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *October 11th 1883*

4. Place of Birth, (Street and Number) *58 Market Space*

5. Full Name of Mother, *Sarah Schinsky*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Alvin Schinsky*

9. Father's Occupation, *Booker*

Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *113 E. Lombard St.*

Remarks,

RETURN OF A BIRTH

66704

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC 23 1882

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, October 11 1882
- Place of Birth, (Street and Number) Lombard st. No 3
- Full Name of Mother, Matilda Doug. Culi
- Mother's Maiden Name, Matilda Doug.
- Mother's Birthplace, Germany
- Full Name of Father, F. Jacob Culi
- Father's Occupation, Butcher
- Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelly
- Address, 792 Pratt st.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Leo Lyckett 10th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return
GIVEN NAME ADDED.

12-3-54

Every child shall be registered by a physician, or a practitioner in midwifery, or by a nurse, or by a person authorized by the Board of Health, within ten days after the birth, and the person so registered shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH *66706*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *OCT 11th 1883*

4. Place of Birth, (Street and Number) *345 Saratoga St*

5. Full Name of Mother, *Sarah E. Jones*

6. Mother's Maiden Name, *Sarah E. Redmond*

7. Mother's Birthplace, *Baltimore Co Md*

8. Full Name of Father, *Geo W. P. Jones*

9. Father's Occupation, *Letter Carrier*

Father's Birthplace, *Horaceston Me M.E*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Susan Hunter
2140 Poppleton St

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance, the mother, or the father, or the person so attending, shall then become and be held to be liable to a fine of ten dollars, to be recovered as other fines and penalties are recoverable, within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 6-6-07

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct- 11th / 1888

4. Place of Birth, (Street and Number)

Sculls Lane 17

5. Full Name of Mother,

Minnie Robinson

6. Mother's Maiden Name,

Minnie ~~Robinson~~ Bare Robinson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Harriett Jackson

Address,

5th Forrest St

Remarks,

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall be in circumstances upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period also required, except in the cases of the births of illegitimate children, and any person or persons who shall neglect to do so, shall be liable to a fine not exceeding \$10, and the subject to a fine of not less than \$5, and the child, if it be a female, shall be liable to be vaccinated as other three and female are recordable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 birth

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) Went

3. Date of Birth, 11 October

4. Place of Birth, (Street and Number) Hastel Street No.

5. Full Name of Mother, Kathi Messner

6. Mother's Maiden Name, " " Muller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilhelm Messner

9. Father's Occupation, Painter

10. Father's Birthplace, St. East Warrtenberg

Name of Medical Attendant, or other Person who makes this Return Dr. Brance

Address, Lombard Street No. 248

Remarks, Lombard Street No. 248

NOV
22
1893

ULTIMATE

RETURN OF A BIRTH

65709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) 1/2 white

Date of Birth, 11th October 1883

Place of Birth, (Street and Number) 27 N. 21

Full Name of Mother, Louisa Birmingham

Mother's Maiden Name, Baltimore

Mother's Birthplace,

Full Name of Father, Andrew Birmingham

Father's Occupation, Tailor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Ellen Carson 223 K. Chapel

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certification, is given the first and third day of each and every month to the Board of Health. In case the
attendant, or other person who makes this return, is a physician, or a midwife, or a nurse, or a
matron, or a person who is not a member of the Board of Health, it shall then become the
duty of the parent to report the birth to the Board of Health, in the manner, and
within the period, and under the penalty, and subject to the provisions of the Act, and
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT
16
1883

Nothing shall be done without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall then become the duty of the parent or parents of such child to report his birth to the Board of Health, or to the Registrar of Births, within the period at which the same are required, except in the cases of the births of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18th 1883

4. Place of Birth, (Street and Number)

314 Humboldt

5. Full Name of Mother,

Mary Spier

6. Mother's Maiden Name,

Lottie

7. Mother's Birthplace,

America

8. Full Name of Father,

James Spier

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. S. Spier midwife

Address,

331. Hancock

Remarks,

RETURN OF A BIRTH, 11/4/12

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth Oct 7 1883

4. Place of Birth, (Street and Number) 277 E. Madison St

5. Full Name of Mother Margaret A. Lister

6. Mother's Maiden Name " " Mitchell

7. Mother's Birthplace Balt.

8. Full Name of Father Thomas J. Lister

9. Father's Occupation Civil Engineer

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt

Address 52 W. 12th St - Bk

Remarks _____

name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to the mother, to report the birth of the child to the Registrar of Health, in the manner, and within the period above required, except in the case of illegitimate births, and in such cases the person so attending shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) _____

3. Date of Birth, October 22, 1883.

4. Place of Birth, (Street and Number) 1222 Park St.

5. Full Name of Mother, Mary Gray.

6. Mother's Maiden Name, McCoy.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Gray.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Anna L. L. L.

Address, No. 45 S. Main St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 12th 1883*
4. Place of Birth, (Street and Number) *733 Chase B. B. H.*
5. Full Name of Mother, *Mrs. B. Willinger*
6. Mother's Maiden Name, *Wiegman*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Geo. T. Willinger*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Dr. J. C. Kelley*
or other Person who makes this Return
- Address, *182 E. Monument St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NO
10
1893

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 12, 1893

4. Place of Birth, (Street and Number) 33 North Ave

5. Full Name of Mother, Mary Dunckel

6. Mother's Maiden Name, Mary Harrison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Fiebrich

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. A. H. S. S. S.

Address, 345 E. ...

Remarks,

Recall that the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, he is in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report the birth of the child to the Board of Health, in the manner, and within the period above required, except in the cases of the births and attendances of persons who are subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 12/83

4. Place of Birth, (Street and Number)

309 N. Mount St.

5. Full Name of Mother,

Annelie Hartknecht

6. Mother's Maiden Name,

Bisby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Hartknecht

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Prussia Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. A. Daniels

Address,

10 N. Howard St.

Remarks,

RETURN OF A BIRTH, 66717

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth October 12
4. Place of Birth, (Street and Number) Baltimore 28 Bethel st
5. Full Name of Mother Alfreda Anderson
6. Mother's Maiden Name _____
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Brown
9. Father's Occupation Teacher
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. Ann Campbell
- Address Union Valley 9
- Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH 11718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12th 1883
4. Place of Birth, (Street and Number) 178 1/2 Central Ave.
5. Full Name of Mother, Emma Kirschner
6. Mother's Maiden Name, Kirschner
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Kirschner
9. Father's Occupation, Tailor
10. Father's Birthplace, Phil. Alps P.
- Name of Medical Attendant, or other Person who makes this Return Miss Anna Killepsist
- Address, 182 E. Howard Street
- Remarks.

RETURN OF A BIRTH

66719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *Arina Louise Emma Behn*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) *female*

Race or Color, (if not of the white race) *white*

Date of Birth, *Oct. 12th*

Place of Birth, (Street and Number) *No 4 McCollough St*

Full Name of Mother, *Louisa Halback Behn*

Mother's Maiden Name, *Louisa Halback*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Henry Behn*

Father's Occupation, *Salesman*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Edw. C. C. C.*

Address, *2 Cathedral St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 12th

4. Place of Birth, (Street and Number)

72 Fulton St.

5. Full Name of Mother,

Florence Ring

6. Mother's Maiden Name,

Florence Haupp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Ring

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Felix J. J. J.

Address,

2 Cathedral St.

Remarks,

RETURN OF A BIRTH 16721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Anna S. Perkins 12 October*
 Sex, (state whether male or female) *female child. Colored*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *12 October*
 4. Place of Birth, (Street and Number) *63 Sarah Ann St*
 5. Full Name of Mother, *Anna S. Perkins*
 6. Mother's Maiden Name, *Anna S. Walker*
 7. Mother's Birthplace, *Baltimore County*
 8. Full Name of Father, *Steven Perkins*
 9. Father's Occupation, *63 Sarah Ann St*
 10. Father's Birthplace, *East Ave. Shen E. M D*
 Name of Medical Attendant, or other Person who makes this Return *John J. Sworell*
 Address, *60 Sarah Ann St*
 Remarks, _____

RETURN OF A BIRTH

66722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Oct
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

October 12 1883

4. Place of Birth, (Street and Number)

467 E Lombard St.

5. Full Name of Mother,

Santa Maria Mister.

6. Mother's Maiden Name,

Santa Maria McManara

7. Mother's Birthplace,

Dorchester Co.

8. Full Name of Father,

Jas. C. Mister

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return

J. G. Powell, M.D.
227 Carrollton Ave.

Address,

Remarks,

Child Healthy.

RETURN OF A BIRTH

66724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October the 12th 1883

4. Place of Birth, (Street and Number)

Vincent st. No 16

5. Full Name of Mother,

Anny E. Welch

6. Mother's Maiden Name,

Anny E. Spence

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Welch

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Kelly

Address,

No 792 Pratt St

Remarks,

of the parents, and the full and true name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12. Day of October 1893

4. Place of Birth, (Street and Number)

402. Eastward St

5. Full Name of Mother,

Mrs. Emma Rochester

6. Mother's Maiden Name,

Emma Ruhl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Rochester

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wilcox

Address,

No 12 Patterson Park av

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Penalty of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents to such child to report its birth to the Board of Health, in the manner, and at the time, and place, and to the person or persons, appointed by the Board of Health, and any person or persons who shall violate this provision shall be liable to a fine of ten dollars, and to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, and such offender, to be recovered in either fine and penal or to recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CCT
3
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth (5.)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 12. 1883*
4. Place of Birth, (Street and Number) *No 33 Barnes St*
5. Full Name of Mother, *Anna Janda*
6. Mother's Maiden Name, *" Melichars*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Jakub. Melichars Janda*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*
- Address, *No 20 Barnes St*
- Remarks, _____

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

66727



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 12th, 1883
4. Place of Birth (Street and Number) 11 Thompson St
5. Full Name of Mother E. Emma Lee Starrs
6. Mother's Maiden Name Shepard
7. Mother's Birthplace Balto. Md
8. Full Name of Father John Franklin Starrs
9. Father's Occupation Salesman
10. Father's Birthplace Balto. Md
- Name of Medical Attendant, or other Person who makes this Return. Francis A. James M.D.
- Address 105 N. Central Ave
- Remarks [Signature]

RETURN OF A BIRTH

66728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
16
1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 Oct

4. Place of Birth, (Street and Number) No 5 St. Bond St

5. Full Name of Mother, Ellen Brickman

6. Mother's Maiden Name, Ross

7. Mother's Birthplace, New York

8. Full Name of Father, Henry Brickman

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Alby

Address,

48 Stollman St

Remarks,

Balt

RETURN OF A BIRTH

46729

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 2-2-53 BALTIMORE CITY

Name: John Henry Dorsey

Third

Oct 17 1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

12 Oct 1883

4. Place of Birth, (Street and Number)

21 Gore St

5. Full Name of Mother,

Sarah Dorsey

6. Mother's Maiden Name,

Sarah Dorsey

7. Mother's Birthplace,

Baltimore - Md

8. Full Name of Father,

Robert Dorsey

9. Father's Occupation,

Public Works

10. Father's Birthplace,

Baltimore - Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Cornish / S. Gordon

Address,

Remarks,

of parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16730

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

CST
17
1893

of the parents, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 12th October

4. Place of Birth, (Street and Number) 69 Galpin St

5. Full Name of Mother, Annie Thomas

6. Mother's Maiden Name, Annie Thomas

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Matthews

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Louie Carvish

Address, 15 Jordan Alley

Remarks,

10 cases
birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the physician, or practitioner of midwifery, or other person in attendance upon the mother, to report the
within the period above required, except in the cases of the birth and death of a child, in which cases the
any person or persons shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

16752
First child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 12th 1883

4. Place of Birth, (Street and Number)

104 W. 11th St

5. Full Name of Mother,

Annie Valley

6. Mother's Maiden Name,

Annie Bahner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas A. Casley

9. Father's Occupation,

Car maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Valley

Address,

104 W. 12th Patterson Park ar

Remarks,

[illegible]

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1913

1865

11

Oct. 13th 1893.

21. *Leucis*

Mary Elizabeth Marshall

.....

De la Harpe

Philip Wardlaw

W. J. L. ...

George Brown

S. H. Silver 21/2

J. E. Corcoran, Hastings, Cal.

.....

RETURN OF A BIRTH 66734

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

13th Oct 1883

4. Place of Birth, (Street and Number)

37 Burrell Alley

5. Full Name of Mother,

Mary Hurley

6. Mother's Maiden Name,

" Mc Donnell

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Hurley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. W. Webster

Address,

57 Burrell

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 13th 1883

4. Place of Birth, (Street and Number) 291 E. Madison St.

5. Full Name of Mother, Mary V. Brosius

6. Mother's Maiden Name, " " Long

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John R. Brosius

9. Father's Occupation, Collar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, A. R. Esch M.D.
or other Person who makes this Return

Address, 95 Park Ave.

Remarks,

of the parent, and the maiden name of the mother of such child or children.

place of its birth, and the said schedule shall be delivered, duly signed by the registrars, at the birth of the child, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or about any other person in attendance upon the mother, the said schedule shall be signed by the person attending the birth, and shall be delivered to the Board of Health, as above provided, within the period of three days after the birth of the child. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 October 1883

4. Place of Birth, (Street and Number)

316 W. Pratt St

5. Full Name of Mother,

Elisabeth Taffner

6. Mother's Maiden Name,

Knap

7. Mother's Birthplace,

Schaffhausen Germany

8. Full Name of Father,

Theodore Taffner

9. Father's Occupation,

Paper Box Maker

10. Father's Birthplace,

Fürth Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Libach 439 W. Pratt Street.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate of birth, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or persons of such child to report its birth to the Registrar of Vital Statistics, and the parent or persons of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th October
4. Place of Birth, (Street and Number) 182 Love St
5. Full Name of Mother, Charcella Kamm
6. Mother's Maiden Name, Charcella C. Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Kamm
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mr. Leback
- Address, 439. W. Pratt St.
- Remarks,

66/38

[illegible]

Remarks,

G. Betnken Midwife

54 Essex St.

RETURN OF A BIRTH

16739

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 13th Oct / 83
 4. Place of Birth, (Street and Number) 445 N. Fremont St
 5. Full Name of Mother, Ediza Jane Harding
 6. Mother's Maiden Name, " Addison
 7. Mother's Birthplace, Balti -
 8. Full Name of Father, Thomas Harding
 9. Father's Occupation, Engineer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Thomas Opie M.D.
 Address. 179 N. Howard St
 Remarks.

RETURN OF A BIRTH 16740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 13th
4. Place of Birth, (Street and Number) Lexington St near Howard
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, Maxwell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph H. Miller
9. Father's Occupation, Dry Good Merchant
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs Isabelle Clier
- Address, 183 N. Eden St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 13/93

4. Place of Birth, (Street and Number)

36 Bait St

5. Full Name of Mother,

Susanna Stockman

6. Mother's Maiden Name,

Schon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Stockman

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna Kraft

Address,

23 E. Canton Ave

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly qualified by the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars with costs, to be recovered as other fines and penalties are recoverable.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period now provided by law, and if they fail to do so, they shall be liable to a fine of ten dollars, or to a term of imprisonment, or both, at the discretion of the Court, which offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C October 13/83

3. Date of Birth, _____

4. Place of Birth, (Street and Number) 104 Thames
Railroad Ohio

5. Full Name of Mother, Rizzo

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, Carro Ohio

9. Father's Occupation, Restaurant

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Mrs. Luiza Krapp

Address, _____

Remarks, _____

Birth of any child and occur within the attendance of a physician, or of a practitioner of medicine, or of a nurse, or of any other person, who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the birth of a stillborn child, the report of which shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *439 October 13/83*
4. Place of Birth, (Street and Number) *439 Canton Ave*
5. Full Name of Mother, *Lisabeth Schuchlein*
6. Mother's Maiden Name, *Banenschuiet*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Schuchlein*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Leticia Krape*
- Address, *236 Canton*
- Remarks, _____

RETURN OF A BIRTH

66744

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
16
1923

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct 13 1883

4. Place of Birth, (Street and Number)

206 Robory St

5. Full Name of Mother,

Margret cork

6. Mother's Maiden Name,

Margret Hall

7. Mother's Birthplace,

Baltimore city md

8. Full Name of Father,

Wm. cork

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant,

or other Person who makes this Return

Char lotte M. M. M.

Address,

208 Robory St

Remarks,

same

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, he is liable to a fine of ten dollars, or to imprisonment for thirty days, or to both, at the discretion of the Court of Baltimore City, in the manner and within the period above required, except in the case of the birth of a child, which shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for thirty days, or to both, at the discretion of the Court of Baltimore City, in the manner and within the period above required.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 13th, 1883

4. Place of Birth, (Street and Number)

No. 177 Gough Street

5. Full Name of Mother,

Mrs. Catharine B. Owens

6. Mother's Maiden Name,

Mrs. Catharine B. Jay

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Charles Marcellus Owens

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Columbus M.D.

Address,

No. 102 North Broadway

Remarks,

RETURN OF A BIRTH *66746*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. *October 15th 1883*

1114 1/4

OCT
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 13th 1883*

4. Place of Birth, (Street and Number) *27 Wolfe St.*

5. Full Name of Mother, *Mary Jamison*

6. Mother's Maiden Name, *Mary Holland*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Robert Jamison*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 137 J Wolfe St.*

Remarks, *[Signature]*

Mrs. Mary Amend

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in at enance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period already required, except in the cases of the births and deaths of illegitimate children, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 7-22-55
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clotilde Marie Wagner
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

OCT
16
1883

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 October - 1883
4. Place of Birth, (Street and Number) 47 Albemarle
5. Full Name of Mother, Mary Wagner
6. Mother's Maiden Name, Schenbrod
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Wagner
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address,

72 E. Lombard street

Remarks,

767-18

timore City.

14th.

Female

White

Octbr. 13. 1883

372 E. Route 5th.

Scmitta C. Rose

Hennetta C Skermet

Maarten 5

Buckhead Road

Dear Dealer

Mayland

L. W. Hook Mad

45-868-54

Remarks,

CITY PRINTER AND STATIONER

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Board of Health, in the manner, and within the period, and under the penalties, provided in this section, and if any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, october 13th
4. Place of Birth, (Street and Number) no 53 eden hall st
5. Full Name of Mother, hester blunt
6. Mother's Maiden Name, hester howler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, andrew blunt
9. Father's Occupation, labourer
10. Father's Birthplace, north carolineer
- Name of Medical Attendant, or other Person who makes this Return Mrs Lydi Porter
- Address, no 4 paptscow avenue
- Remarks, healthy child

RETURN OF A BIRTH

66750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *13 of October*
4. Place of Birth, (Street and Number) *Baltimore 66 Carey St*
5. Full Name of Mother, *Mrs Ella Gutmann*
6. Mother's Maiden Name, *" " Talvey*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John F. Gutmann*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Hunter*
- Address, *21 No Poppleton St*
- Remarks,

1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

first
female

white

Oct 13th 1883.

89 Eagle str. bet S. Fulton & Howard

Annie E. Ammon

Frank

Bladensburg P.E.Co. Maryland.

Geo L Ammon

Carpenter

Washington D.C.

Mary Keating

106 Parrish St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

First
Female

White

Apr 13th 83

865 W Back St

Lottie Duncan

Reilly

Baltimore

Wm Duncan

Machinist

Baltimore

H Nelson

22 W Back Calloway

66-713

181

and in any case shall occur within the contemplation of a physician, or of a practitioner of midwifery, or should no other reason be lit at evidence upon the mother, and shall then become the duty of the parent or parents, as such child to report its birth to the Board of Health within the period above required, except in the cases of the births and deaths of illegitimate children, who may be born illegitimate, and hereafter fall to comply with the provisions of this Act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

067
187

100

10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044

GIVEN NAME ADDRESS 10-11-39 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

John Ellis

BALTIMORE CITY.

Sheckells

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

OCT
191
1932

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

OCT 13th 1883

5. Place of Birth, (Street and Number)

283 Hollins St

6. Full Name of Mother,

Lena Sheckells

7. Mother's Maiden Name,

Lena Loatz

8. Mother's Birthplace,

Baltimore City Md

9. Full Name of Father,

John Ellis Sheckells

10. Father's Occupation,

Steam fitter

11. Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter-

Address,

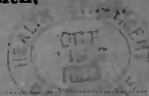
21 N. Fayette St

Remarks,

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Oct 13 1883

4. Place of Birth, (Street and Number)

Peperin St Court No 2

5. Full Name of Mother,

Manda Austin

6. Mother's Maiden Name,

Manda Eickson

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

Edward Austin

9. Father's Occupation,

Labor

10. Father's Birthplace,

South Carolina

Name of Medical Attendant,

or other Person who makes this Return

Lucyella Woolford

Address,

13 North Register St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person who neglects to do so shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

Oct 13 1883

4. Place of Birth, (Street and Number)

No 19 Camden St

5. Full Name of Mother,

Lucilia Pfeffercorn

6. Mother's Maiden Name,

Christian

7. Mother's Birthplace,

America

8. Full Name of Father,

Louis Pfeffercorn

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. Schwabert midwife

Address,

530 Hancock St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 13th Child

4. Place of Birth, (Street and Number)

No. 175 S. Charles St

5. Full Name of Mother,

Elise Matthai

6. Mother's Maiden Name,

Eckhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Samuel Matthai

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Bonner St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the midwife or person attending the mother to report the birth of the child, in the manner, and at the time, prescribed by the laws of the State, and to file a copy of the report with the Registrar of Births and Deaths, who shall be authorized to require any person or persons who shall hereafter fail to comply with the provisions of this act, to be punished by a fine of ten dollars, or by imprisonment for a term not exceeding thirty days, or by both such fine and imprisonment, at the discretion of the court, and the same shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

OCT
23
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

64

OCT
23
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

White

October 13: 1883

7 Suction Ave

Teresa Hoff

" Schaefer

Baltimore Md

J. B. Hoff

Flour & Feed Merchant

Baltimore

A. C. Spier M.D.
387 W. Lombard St

RETURN OF A BIRTH.

66-760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
17
1883

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 14 1883

4. Place of Birth (Street and Number)

Clinton Webb

5. Full Name of Mother

Annie Meiman

6. Mother's Maiden Name

"

Naguly

7. Mother's Birthplace

Factum

8. Full Name of Father

Albert Meiman

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Factum

Name of Medical Attendant, or other Person who makes this Return.

George W. Wood

Address

Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time prescribed by the Board of Health, and if they fail to do so, they shall be subject to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14th October
4. Place of Birth, (Street and Number) 47 Clarkson st
5. Full Name of Mother, Louise Boesch
6. Mother's Maiden Name, Louise Berger
7. Mother's Birthplace, Friedrich Boesch
8. Full Name of Father, Labor man
9. Father's Occupation, _____
10. Father's Birthplace, hamburge europe
- Name of Medical Attendant, or other Person who makes this Return Mrs Minich
- Address, corner Leaden hall street and
- Remarks, margary

any person shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly licensed by the Board of Health, in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or to imprisonment in the penitentiary for a term not exceeding six months, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d.*

1. Sex, (state whether male or female) *male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October the 14th*
4. Place of Birth, (Street and Number) *No 149 Columbia Ave*
5. Full Name of Mother, *Marie Stey nee Rechat*
6. Mother's Maiden Name, *Rechat.*
7. Mother's Birthplace, *Charlottenburg Canton Vaud Switzerland.*
8. Full Name of Father, *Reynold E. Stey.*
9. Father's Occupation, *Brass finisher.*
10. Father's Birthplace, *Margenau (Kingdom of Prussia) Germany.*
- Name of Medical Attendant, or other Person who makes this Return *Wm. Sebach*
- Address, *429 W. Pratt St.*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 14th 1883

4. Place of Birth (Street and Number) 46 Clinton St. Canton

5. Full Name of Mother Mary Brown

6. Mother's Maiden Name Mary Evans

7. Mother's Birthplace Bg. Co. County

8. Full Name of Father H. E. Brown

9. Father's Occupation Miller

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return.

Address 277 E. Baltimore Street

Remarks

J. E. Dorrville M.D.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66765

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 14th 1883

4. Place of Birth (Street and Number)

N 156. N 9th St

5. Full Name of Mother

Clara Stule

6. Mother's Maiden Name

" Skunk

7. Mother's Birthplace

Prussia

8. Full Name of Father

Loise Stule

9. Father's Occupation

Merchant

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Same as Birth Prod
154 N 9th St
City

RETURN OF A BIRTH

1876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th of October*
4. Place of Birth, (Street and Number) *31 Fort Avenue*
5. Full Name of Mother, *Louise Charlotte Gyle*
6. Mother's Maiden Name, *Louise Charlotte Russell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James William Gyle*
9. Father's Occupation, *Brush Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Conway*
- Address, _____
- Remarks, _____

should no other person be in at all instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any woman or persons whose child has ever fallen in compliance with the provisions of the act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

22.

and

Calaveras

14

No 227 Koborn - Street

Mary Hansb.

13-11-1971

• *Small group*

2.

or other Person who
makes this Return

Edna Leach

aid line from

86769

more City.

2

Tymall

White

Oct 14 1883

2 But all

that: Conc

John Hill

Baltimore

Long - 1892

Chatham to
D. 17

Ballentine

Chas. E. Fung

193 Chest

Remarks.

CITY CENTERS AND STATIONERS

RETURN OF A BIRTH

66770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

In the presence of the parents, and the married name of the mother of each child of children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

14

4. Place of Birth, (Street and Number)

Baltimore Jones Court No 2

5. Full Name of Mother,

Martha A Butler

6. Mother's Maiden Name,

Washington D.C.

7. Mother's Birthplace,

David Y. Butler

8. Full Name of Father,

Laborer

9. Father's Occupation,

Washington D.C.

10. Father's Birthplace,

Martha A Carter

Name of Medical Attendant,

or other Person who makes this Return

Dwight Morgan

Address,

47 Durham St

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

6-6-77
1887
HEALTH
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex (state whether male or female) Male
Race or Color (if not of the white race) White
Date of Birth Oct 14th 1883
Place of Birth (Street and Number) 223 North Street
Full Name of Mother Mrs. Ann J. Jernall
Mother's Maiden Name Smith
Mother's Birthplace Manchester, England
Full Name of Father Samuel Jernall
Father's Occupation Black
Father's Birthplace England
Name of Medical Attendant, or other Person who makes this Return. Mary Ann Jernall
Address 36 S. Maryland St. Baltimore, Md.
Remarks Say this a little delayed through my not knowing the rules of the City in a Jernall

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female (Mary Ella)

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

October 1st 1883.

3. Date of Birth.

4. Place of Birth, (Street and Number)

No. 268 East Baltimore Street

5. Full Name of Mother.

Miss Caroline C. Crook

6. Mother's Maiden Name.

Miss Caroline C. Rollins

7. Mother's Birthplace.

Mr. Daniel Crook

8. Full Name of Father.

grocer

9. Father's Occupation.

Baltimore Md.

10. Father's Birthplace.

Mr. H. Henderson Md

Name of Medical Attendant,

or other Person who makes this Return

Dr. H. Henderson

Address.

102 N. Broadway

Remarks.

any person who shall neglect or refuse to furnish the information required by this act, or who shall furnish false information, shall be liable to a fine of ten dollars.

RETURN OF A BIRTH 66773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 14th*

4. Place of Birth, (Street and Number) *66. B. Anne St*

5. Full Name of Mother, *Mrs. Edw. Berry*

6. Mother's Maiden Name, *Mrs. "Telf"*

7. Mother's Birthplace, *Ma*

8. Full Name of Father, *Edwin Berry*

9. Father's Occupation, *Stone Business*

10. Father's Birthplace, *Va.*

Name of Medical Attendant, or other Person who makes this Return *D. F. Hill*

Address, *D. F. Hill M.D.*

Remarks, *443 Franklin St*

OCT
17
1893

On the part of the Registrar, and the Registrar of the mother of such child, or still born.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

OCT
17
1893

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 14 - 1893 -

4. Place of Birth, (Street and Number)

224 S. Sharp St.

5. Full Name of Mother,

Anna M. Waidner,

6. Mother's Maiden Name,

" " Greutter,

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Louis A. Waidner

9. Father's Occupation,

Oyster Packer

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant,

or other Person who
makes this Return

R. J. N. Tall, M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 3

1. Sex, (state whether male or female) ... Female

2. Race or Color, (if not of the white race) ... White

3. Date of Birth, ... 14 of October 1875

4. Place of Birth, (Street and Number) ... No 816 Charles St

5. Full Name of Mother, ... Louisa Preaster

6. Mother's Maiden Name, ... Louisa Colvins

7. Mother's Birthplace, ... Baltimore

8. Full Name of Father, ... Joseph Preaster

9. Father's Occupation, ... Glass, Blower

10. Father's Birthplace, ... Baltimore

Name of Medical Attendant, or other Person who makes this Return ... Sabina Greenhalgh

Address, ... No 128 Mont St

Remarks,

Should any other person be in at variance upon the mother immediately thereafter, it shall then become the duty of the Registrar to report the same to the Board of Health, in the manner, and within the period above required, except in the case of stillbirths, when the mother is not subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician or of a practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and in such cases the parent or parents shall be deemed to have reported the birth of such child, and the child shall be deemed to be reported, if such offence, to be recovered as other than and persons are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14th of October 1882*

4. Place of Birth, (Street and Number) *368 East Fayette Street*

5. Full Name of Mother, *Fanny Gibson*

6. Mother's Maiden Name, *Fanny Rorer*

7. Mother's Birthplace, *Ill. Ireland Somerset, county*

8. Full Name of Father, *Lorenz Rorer*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Levinia Kunkel*

Address, *11 North Chapel St. for postina Kunkel*

Remarks, *A Healthy*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

66778

OCT.
23.
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 14th 1883,

No 1 Bank Lane,

Elinora F. Cahill,

Elinora F. Thorington

Baltimore,

Michael Joseph Cahill.

Crockery.

Baltimore

J. Ridgway Andre M.D.

No 121 E. Balt St

RETURN OF A BIRTH

667/9

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th -

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 14th -

4. Place of Birth, (Street and Number)

No 18 S Monument St -

5. Full Name of Mother,

Amanda Healy

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. Healy

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Wm W. Whedge

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66/80

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 14 1883

4. Place of Birth, (Street and Number)

120 Battery at

5. Full Name of Mother,

Rosa Chapman

6. Mother's Maiden Name,

Rosa Evans

7. Mother's Birthplace,

Canada

8. Full Name of Father,

E. M. Chapman

9. Father's Occupation,

Chemist

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

J. B. Noble, M.D.

Address,

501 Hamilton

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person in attendance upon the mother, immediately thereupon it shall then become the duty of the parent or parents of the child so born to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children; and if any person or persons so failing to comply with the provisions of this section shall be indicted and convicted of such offense, he or she shall be liable to be recovered as other fines and penalties are recoverable.

OCT
23
1883

Page 14 of 15

* 374 West Ave

.....

.....

13. ...

Robert L. R. R. R.

On this Return *Exempt*

RETURN OF A BIRTH

16782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 15 1893

4. Place of Birth, (Street and Number)

14 So Greene St

5. Full Name of Mother,

Minnie Anderson

6. Mother's Maiden Name,

Covey

7. Mother's Birthplace,

8. Full Name of Father,

Geo W Anderson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr W Hopton

Address,

1 Maunley Terrace

Remarks,

of the mother of such child or children.

RETURN OF A BIRTH 66783

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Oct. 15. 83.

W. Wall st. No. 53

Mary Ann Lerner

Unmehle

Balt.

John Steiner

Put to her

Balt.

Mrs. J. B. B. B.

W. Wall st. No. 53

If the person, who the Registrar returns the mother of with child or of child.

RETURN OF A BIRTH

66724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

10-2
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth,

Oct 15 1893

4. Place of Birth, (Street and Number)

29 Armit Hill ave

5. Full Name of Mother,

Emma Ford

6. Mother's Maiden Name,

Laura Weisenborn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Ford

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs W Weisenborn

Address,

675 Armit Hill ave

Remarks,

in case of death, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period herein prescribed, except in the cases of stillbirths and deaths of illegitimate children, and in such cases the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 15th 1883
4. Place of Birth, (Street and Number) 131 S^t Register St
5. Full Name of Mother, Elizabeth Burns
6. Mother's Maiden Name, Doer
7. Mother's Birthplace, _____ City
8. Full Name of Father, Mrs Burns
9. Father's Occupation, Teacher
10. Father's Birthplace, _____ City
- Name of Medical Attendant, _____ or other Person who makes this Return Mrs Elizabeth Peters
- Address, 120 Bank St
- Remarks, _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 15th 1893.*
4. Place of Birth (Street and Number) *138 N. Stricker.*
5. Full Name of Mother *Alice M. Groves.*
6. Mother's Maiden Name *Alice M. Bridman.*
7. Mother's Birthplace *Marblehead Mass.*
8. Full Name of Father *Thomas C. Groves.*
9. Father's Occupation *Upholster.*
10. Father's Birthplace *Baltimore.*
Name of Medical Attendant, or other Person who makes this Return. *John C. Pennington M.D.*
Address *134 N. Carroll St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 15th

4. Place of Birth, (Street and Number)

Ridgely Extended

5. Full Name of Mother,

Charlotte Nüsse

6. Mother's Maiden Name,

Brendel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Nüsse

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who
makes this Return

Ed. Budzynski M.D.

Address,

66 S. Locust

Remarks,

RETURN OF A BIRTH

66788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 15th 83

4. Place of Birth, (Street and Number)

25 Chestnut St

5. Full Name of Mother,

Isabella Lewis

6. Mother's Maiden Name,

Isabella Ringgold

7. Mother's Birthplace,

Id

8. Full Name of Father,

Joseph Lewis

9. Father's Occupation,

Porter

10. Father's Birthplace,

Id

Name of Medical Attendant, or other Person who makes this Return

W. H. Miller M.D.

Address,

188 Franklin

Remarks,

See the printed matter on the inside of the folder or enclosure for instructions.

RETURN OF A BIRTH

16790

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 13th 1883

4. Place of Birth, (Street and Number) 65 Harrison st.

5. Full Name of Mother, Rosalie Goldman

6. Mother's Maiden Name, " Lieberman

7. Mother's Birthplace, " Georgia

8. Full Name of Father, Selig Goldman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 93 E. Lombard st

Remarks,

The City of Baltimore, Md. The Registrar of Vital Statistics, Board of Health, Baltimore City, Md.

should an other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and regulations may require.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, October the 15th

4. Place of Birth, (Street and Number) Baltimore Hammer St. No. 651

5. Full Name of Mother, Kate Conway

6. Mother's Maiden Name, McKensley

7. Mother's Birthplace, Baltimore?

8. Full Name of Father, Michael Conway

9. Father's Occupation, labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Elizabeth Kuthers

Address, William St. No. 344

Remarks,

RETURN OF A BIRTH

66792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Oct. 15th

1883

4. Place of Birth, (Street and Number)

1908 Chillingworth

5. Full Name of Mother,

Ellace Mollen

6. Mother's Maiden Name,

Ellace Harten

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William T. Mollen

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hunter

Address,

21 No. Poppleton

St

Remarks,

to be filled in by the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
18
1903

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 15, 1893*
4. Place of Birth, (Street and Number) *105 Cross St*
5. Full Name of Mother, *Maggie Dawson*
6. Mother's Maiden Name, *McDonald*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Luther B. Dawson*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Anna Nash*
- Address,
- Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

16712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 15, 1883
4. Place of Birth, (Street and Number) 105 Cross St.
5. Full Name of Mother, Maggie Dawson
6. Mother's Maiden Name, McPhail
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Luther B. Dawson
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs. Annie Nash
Address,
Remarks,

OCT
18
1883

of the parents, and the relation of the mother of such child, or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
27

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Oct 15th 83

3. Date of Birth,

546 1/2 St. W. Bm

4. Place of Birth, (Street and Number)

Louisa Clay Sum
Balls Bl.

5. Full Name of Mother,

6. Mother's Maiden Name,

August Clay
Shocksaker

7. Mother's Birthplace,

8. Full Name of Father,

Germany

9. Father's Occupation,

M. B. Billingsley
242 E. Prater St

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

66790

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) .. male
2. Race or Color, (if not of the white race) ... white
3. Date of Birth, ... Oct 15th 1883
4. Place of Birth, (Street and Number) ... N. W. Cor Hill and Hammer st
5. Full Name of Mother, ... Fanny D. Allen
6. Mother's Maiden Name, ... Fanny Dipon
7. Mother's Birthplace, ... Accomac County Virginia
8. Full Name of Father, ... Robt. Henry Allen
9. Father's Occupation, ... Butcher
10. Father's Birthplace, ... England
- Name of Medical Attendant, or other Person who make this Return ... J. Hamer Hill M.D.
- Address, ... S.E. Cor Calhoun and Edmond st
- Remarks, ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

66496
CITY
17
1893
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec-16-83

4. Place of Birth, (Street and Number) 35-0 Franklin St

5. Full Name of Mother, Mrs. Kate F. Briggemann

6. Mother's Maiden Name, Kate F. Baker

7. Mother's Birthplace, Balto City

8. Full Name of Father, Louis Briggemann

9. Father's Occupation, Coach Painter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return H. H. Hill M.D.

Address, 440 Franklin St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 of October 1881

4. Place of Birth, (Street and Number) No 244 Light St

5. Full Name of Mother, Brigit Welsh

6. Mother's Maiden Name, Brigit Conway

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Welsh

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Greenhalgh

Address, No 122 West 40

Remarks:

should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment in the workhouse for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, in any case where the provisions of this section shall be violated, and the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment in the workhouse for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, in any case where the provisions of this section shall be violated.

66/198

Baltimore City.

Cemale

of 1/16th

13 of October 1907

Cl. 816 Brown St

Theresa Lindling

Quercus bipartita

Baltimore

John Finck

Babbar

Baltimore

or other Person who makes this Return

Sabrina Greubner

Ch 128 Mat St.

Remarks.

TTY PRINTERS AND STATIONERS.

H 6799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

Male

Color

15 October.

146 Henette st

Mary F. Bivense

Mary F. Brown

Mary H. A.
Baltimore

Baltimore
Henry Bivena

Ermer

Former
Eastern Shore Virginia

or other Person who
makes this Return

or other Person who makes this Return *Milia Grosz*

Attendant, *Plum aly*

Remarks.

§ 87(2)(b) and § 87(2)(g) will not be a parent or a payee of a practitioner of medicine, and no other person has an interest in the practice of medicine. Therefore, it shall then become the duty of the parent or parents of such child to provide for the child, in the manner, and within the period above required, except in the cases of the births and deaths of children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to such offense, to be prosecuted as other three and fourth sections of this chapter, and shall be liable to the same penalties.

OCT
22
1883

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, in the manner, and within the period or periods, and under the penalties, prescribed in the Act relating to the registration of births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of such Act, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

OCT.
23
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Oct. 15th 83

4. Place of Birth, (Street and Number)

206 Lawrence St.

5. Full Name of Mother,

Michaelina Schmitz

6. Mother's Maiden Name,

Reimer

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Paul Schmitz

9. Father's Occupation,

Artist

10. Father's Birthplace,

Prussia

Name of Medical Attendant,

or other Person who makes this Return

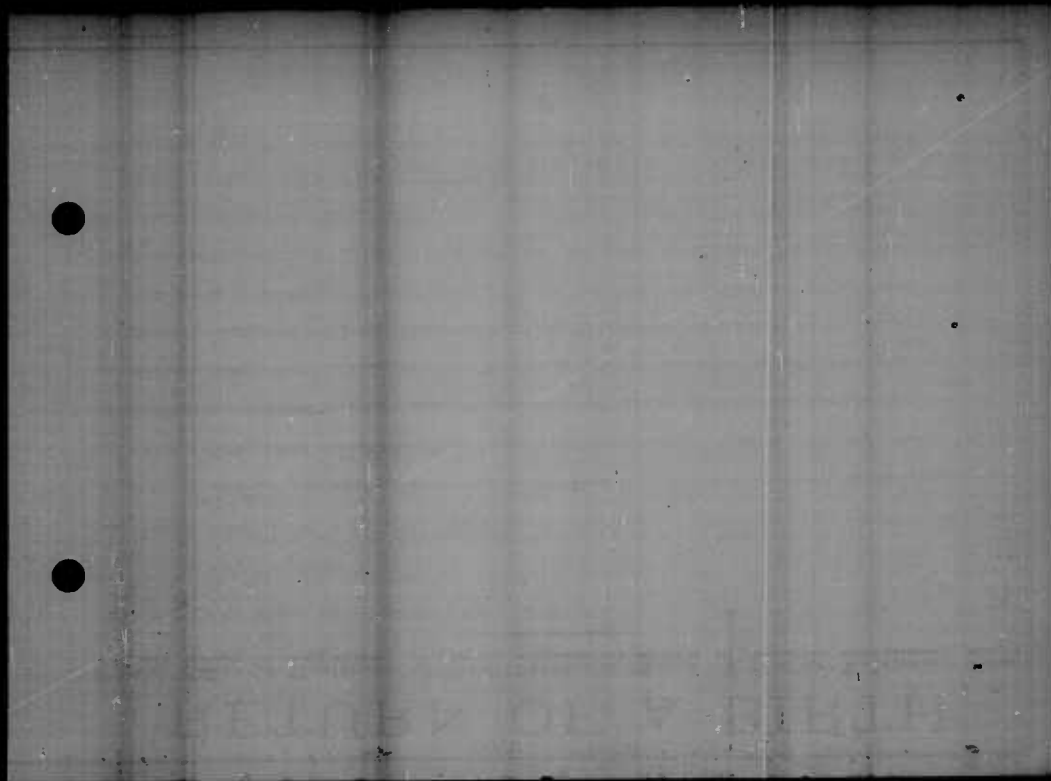
Dr. J. M. ...

Address,

328

G. E. ...

Remarks,



1750

OCT
23
1883

52

Курови

White

Feb. 15th 83

+ 500 K. G. G. H.

Michaelina Christen

Yours truly,

Received

Paul Schütz

Antique

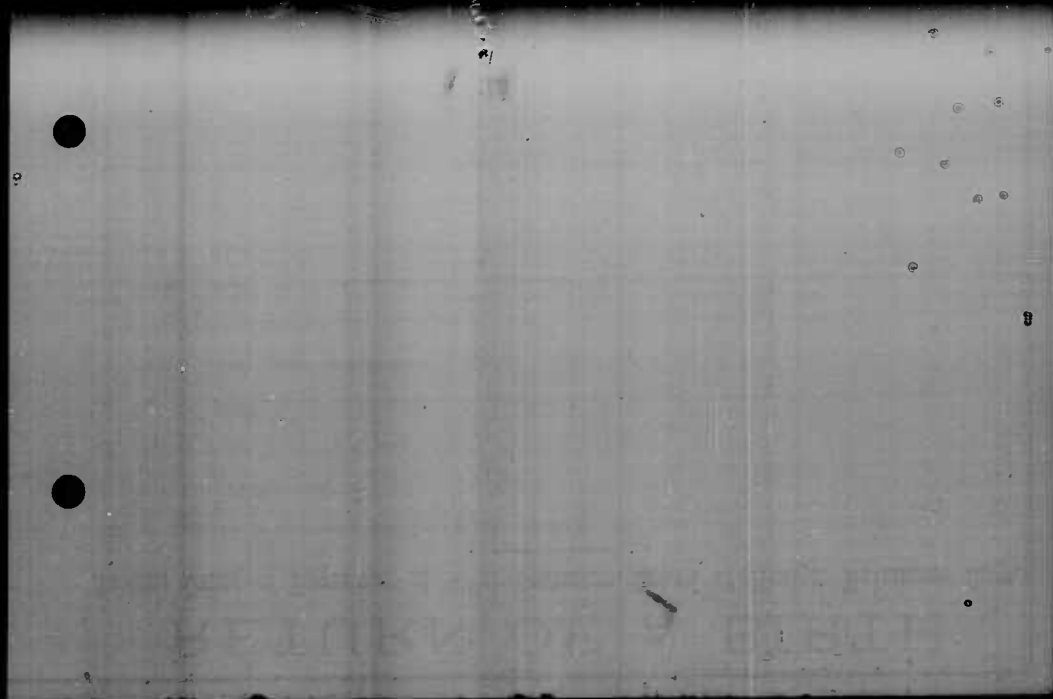
Prussia

Time: 10:30

11 328 L. Estlin

Remarks.

Section 10 of any child shall occur within the stipulation of a physician, or of a practitioner of midwifery, or should on any person be at a distance upon the mother, immediately after birth, then the child shall then become the property of the parent or parents in such child to report its birth in the birth of the mother, and the child shall be the property of the parent above entitled, except in the cases of the births and deaths of illegitimate children, and in such cases the mother shall be liable to comply with the provisions of the section that shall be subject to a fine of ten dollars and imprisonment in the county jail for a term not exceeding thirty days, and the same shall be recoverable as other fines and penalties are recoverable.



NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall become subject to the attendance of a practitioner of midwifery, or of any other person to be appointed by the Board of Health, and it shall then become the duty of the parent or parents of such child to report its birth to the practitioner, and within the period above required, except in the cases of the births and deaths of illegitimate children, shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

OCT
23
1893

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 16th 83

4. Place of Birth, (Street and Number)

206 Heawood St.

5. Full Name of Mother,

Wilhelmina Schuetz

6. Mother's Maiden Name,

Reiser

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Paul Schuetz

9. Father's Occupation,

Artist

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Ann

Address,

328 S. Euter St.

Remarks,

should no other person be in at witness than the mother, immediately thereafter, it shall then become the duty of the mother or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties of this act, and if any person or persons who shall basefully fail to comply with the provisions of this act, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT.
23
1883

Oct 15th 83

123 Conway St.

Wm. A. [unclear]

Wm. A. [unclear]

123 Conway St.

Wm. A. [unclear]

321 S. [unclear]

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Board of Health, in the manner and within the period above specified, in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

17802
Baltimore City
OCT 23 1883

A 1 -

- # 1 + Warren Ave
Clemson University
Baltimore
Baltimore
James H. Hays
Clark
K. J. Johnson

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, who shall be immediately thereafter, it shall then become the duty of the parent or parents of such child to procure a medical certificate of the birth, and to file the same within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 16. 1883.

4. Place of Birth, (Street and Number)

304 Forest st

5. Full Name of Mother,

Lizzie J. Schwolenberg

6. Mother's Maiden Name,

Lappe

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

F. A. Schwolenberg

9. Father's Occupation,

Fireman on locomotive

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

W. Christian M.D.

Address,

431 Lenox. Ave.

Remarks,

RETURN OF A BIRTH. 66804

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

In the presence of the father, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 16 March

4. Place of Birth, (Street and Number) North St. 1178

5. Full Name of Mother, Sarah Jones

6. Mother's Maiden Name, Sarah Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel C. Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. Jones

Address, 258 E. 1st St.

Remarks, Infant born 1178

[illegible]

10. 12. 1917

121

Abate

White

October 16th. 1883

No 223 Jefferson & Durham

Carrie T. Hubler

Carrie Bunker

Baltimore

Andrew. Fisher

Blacksmith

3. *Phim*

James M. Smith

the manuscript

Вот и мы! О!

RETURN OF A BIRTH

61806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~Oct 14~~ Oct 16 1883

4. Place of Birth, (Street and Number)

22 Woodgreen St

5. Full Name of Mother,

Gertrude Placide

6. Mother's Maiden Name,

Gertrude Placide

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Martin Placide

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. A. Mesen. Ch.

Address,

345 Pennsylvania

Remarks,

For the purpose of the mother of such child or children.

66507

151
2
983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1-4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white.

3. *Date of Birth,*

Oct 16 1883

4. *Place of Birth, (Street and Number)*

195 Madison Ave

5. *Full Name of Mother, ...*

Charmie - Harriet The

6. *Mother's Maiden Name.*

Minnie Sherman

7. *Mother's Birthplace.*

12 a time re

8. *Full Name of Father.*

Scipio Nathan

9. *Father's Occupation.*

Daher 1. Juni 1902

10 Father's Birthplace.

Sept 11

Name of Medical Attendant,

or other Person who
makes this Return

[Faint handwritten notes at the bottom of the page]

Address.

20-1

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. Date of Birth, 16th day of October

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address.

Remarks,

should no other person is in at the time of the birth, or of a practitioner of midwifery, or
duty of the parent or parent or parent of such child to make the return, and in the event of
within the period above required, except in the cases of the birth and death of a child, and
and should he or she fail to comply with the provisions of this section shall be subject
to a fine of ten dollars, and such offense, to be recovered as other lines and points are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 of October

4. Place of Birth, (Street and Number)

No 246 Hancock St

5. Full Name of Mother,

Laurie Sandtall

6. Mother's Maiden Name,

Laurie Leona

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Sandtall

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Salina Grubbs

Address,

No 125 West St

Remarks,

born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16511

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 16th 1883
4. Place of Birth (Street and Number) 18 Hopkins Place
5. Full Name of Mother Mary Rigby
6. Mother's Maiden Name Mary Gellner
7. Mother's Birthplace Balto City
8. Full Name of Father Philip Rigby
9. Father's Occupation Carpenter
10. Father's Birthplace Balto City
- Name of Medical Attendant, or other Person who makes this Return. J. R. Uhler M. D.
- Address 234 W. Fayette St.
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-30-55

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Frieda Kemper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 16/83

4. Place of Birth (Street and Number)

26 Conway St

5. Full Name of Mother

Christina Kemper

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

David Kemper

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr A. Kroschke

Address

276 W. Fayette St

Remarks

Child well developed and healthy

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, by law, and to cause the same to be duly recorded, and to be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 16, 1883*

4. Place of Birth, (Street and Number) *184 Lehigh*

5. Full Name of Mother, *Susan S. Warrenberger*

6. Mother's Maiden Name, *" " "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. W. Warrenberger*

9. Father's Occupation, *Harness Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cooke M.D.*

Address, *per 12/3*

Remarks,

11/1/3

— 1st
Female

- White
Oct 16th 1883
4th Randall St
New York
" Pittell
Baltimore
sup. J. C. Seckhulze
4th Street Iron Workers
Baltimore

Theodore Cooke 16/1/13

Remarks.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 16th

4. Place of Birth, (Street and Number)

49 North Euston St

5. Full Name of Mother,

Louise Voigt

6. Mother's Maiden Name,

Louise Schickel

7. Mother's Birthplace,

Dresden, (Saxony) Germany

8. Full Name of Father,

Henry G. Voigt

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Brakel (Westphalia) Germany

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Schlieffer

Address,

No. 20 Columbia St.

Remarks,

RETURN OF A BIRTH

6815

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female Child No 1*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 16th 1883*

4. Place of Birth, (Street and Number) *41 1/2 South Caroline st*

5. Full Name of Mother, *Clara Adams*

6. Mother's Maiden Name, *Clara Sonith*

7. Mother's Birthplace, *Cresfield Md*

8. Full Name of Father, *William Adams*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Caroline Co Md*

Name of Medical Attendant, *Leah Walker*

or other Person who makes this Return

Address, *No 89 North Spring st Balto Md*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16-516

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1923

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 22 1883*

4. Place of Birth, (Street and Number) *108 S Prince Street Baltimore Maryland*

5. Full Name of Mother, *Henrietta Anderson*

6. Mother's Maiden Name, *Glenrietta Deems*

7. Mother's Birthplace, *Anne Arundel Co Maryland*

8. Full Name of Father, *Charles Anderson*

9. Father's Occupation, *occupation Brick maker*

Father's Birthplace, *Frederic County Md*

Name of Medical Attendant, or other Person who makes this Return

Address, *midwife George H. L. 36 Stoddington alley*

Remarks,

1187

Oct
22
1893

511

- McL
White

Mr. C. S. McK.

No. 155 of Board 11

Remarks,

ALL CITY PRINTERS AND STATIONERS

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, hereinafter prescribed, except in the case of the birth and death of illegitimate children, and in such cases the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 16ten October*
4. Place of Birth, (Street and Number) *St 183 S Bond St*
5. Full Name of Mother, *Wilhelmine Meier*
6. Mother's Maiden Name, *Wilhelmine Cherdörfer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Meier*
9. Father's Occupation, *Schreiner*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Raafwien*
- Address, *St 202 S Dallas St*
- Remarks, *Hobanne*

birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery or shall occur within the period above mentioned, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Kind*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 16. October*
4. Place of Birth, (Street and Number) *N^o 278 S. Dallas St.*
5. Full Name of Mother, *Barbara Kräft*
6. Mother's Maiden Name, *Barbara Schmidt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jacob Kräft*
9. Father's Occupation, *Gerber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 202 S. Dallas St.*
- Remarks, *geboren*

birth of any child shall occur without the attendance of a physician, or a practitioner of midwifery, or a nurse, or other person, who shall be licensed by the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *Kind*
1. Sex, (state whether male or female) *Maedchen*
2. Race or Color, (if not of the white race) *Witz*
3. Date of Birth, *geboren den 16ten October*
4. Place of Birth, (Street and Number) *Nr 127. S. Tollar Str*
5. Full Name of Mother, *Wilhelmine Schmidtmann*
6. Mother's Maiden Name, *Wilhelmine Klingenhöfer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank R. Schmidtmann*
9. Father's Occupation, *Schreiner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Friederike Kaufmann*
or other Person who makes this Return
- Address, *Nr 202. S. Tollar Str*
- Remarks, *Hebamme*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, within the period above prescribed, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 16 1883.

4. Place of Birth, (Street and Number)

133 Mosher

5. Full Name of Mother,

Laura Virginia Wright

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

Jno W. Wright

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. H. Prichard M.D.

Address,

431 Penna. Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

205
1883

OCT
20
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16th 1883
4. Place of Birth, (Street and Number) No 449 - report st.
5. Full Name of Mother, Mary Kuhl
6. Mother's Maiden Name, Kuhl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Kuhl
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return E. Schmitt
- Address, No. 348 Pennsylvania Ave.
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

11522
OCT 20 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Lunesday Oct 16th 83*
4. Place of Birth (Street and Number) *7 Hillen St*
5. Full Name of Mother *Mary Mitchell*
6. Mother's Maiden Name *Mary Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nicholas Mitchell*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Ireland*
Name of Medical Attendant, or other Person who makes this Return. *Elmer D. W.*
Address *51-2 Calvert St.*
Remarks *Balto*
Ind

RETURN OF A BIRTH 11822

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 10: 1883

4. Place of Birth, (Street and Number)

142 Johns on st

5. Full Name of Mother,

Lizzie Seal

6. Mother's Maiden Name,

Garrett

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Seal

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Oct. 17th 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

Race or Color, (if not of the white race) White

Date of Birth, Oct 16th 1883.

Place of Birth, (Street and Number) 8 Castle Street

Full Name of Mother, Annie Heimell

Mother's Maiden Name, Annie Jaeger

Mother's Birthplace, America

Full Name of Father, John Heimell

Father's Occupation, Laborer

Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Howard

Address, 137 South Wolfe St

Remarks, 117

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66826

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 16th 1888

4. Place of Birth, (Street and Number)

97 Albemarle St.

5. Full Name of Mother,

Sophia Arnold

6. Mother's Maiden Name,

Sophia Gramer.

7. Mother's Birthplace,

Carlisle, Pa.

8. Full Name of Father,

William Arnold

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Raleigh, N.C.

Name of Medical Attendant, or other Person who makes this Return

Mrs Eliza Humming

Address,

95 Albemarle St.

Remarks,

(City)

RETURN OF A BIRTH 16827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 16th 1903

4. Place of Birth, (Street and Number)

105 Albemarle St.

5. Full Name of Mother,

Mary Dolan

6. Mother's Maiden Name,

Mary Connolly

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Michael Dolan

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Eliza Flemming

Address,

95 Albemarle St.

Remarks,

Healthy

of the parents, and the maiden name of the mother of such child or children."

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PLANT PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 16529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Name, whether still born or not, the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

001
22
1883

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct 16 to 1883

4. Place of Birth, (Street and Number) 37 Hillman St

5. Full Name of Mother Elizabeth C. Kelly

6. Mother's Maiden Name Mary M. Mumford

7. Mother's Birthplace Balt.

8. Full Name of Father James A. Kelly

9. Father's Occupation Fireman

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Edward J. Mumford

Address 37 Hillman St

Remarks

1151

OCT 23 1883

1. Sex, (state whether male or female) Female.....

3. Date of Birth, October 16, 1888.

5. Full Name of Mother, Lena Roeder :

7. Mother's Birthplace, Baltimore

9. Father's Occupation, Labourer

Name of Medical Attendant, or other Person who makes this Return Leithen Homung

Remarks, _____

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21

October 17th 1883

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Catharina Bernick

(226)

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1940

Handwritten signature: S. J. G. L. (S. J. G. L. G. L.)

St. Andrew's H. S.

D.O. Co. Capital Limited

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

66833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

consolidation, whether still in or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 17th 1883

4. Place of Birth, (Street and Number)

574 Franklin Street

5. Full Name of Mother

Emily Hoffman

6. Mother's Maiden Name

Emily Johnson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Hoffman

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. P. Wilson

Address

146 Park Avenue

Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be deemed the birth of such child in violation of the provisions of this act, and the person so neglecting to have the birth of such child attended by a physician, or practitioner of midwifery, or other person, shall be liable to a fine of ten dollars for each offense, to be recovered at other times and places as are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Joseph

Meehan

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 17th 1883

4. Place of Birth, (Street and Number)

Cor North & Pleasant

5. Full Name of Mother,

Mary Meehan

6. Mother's Maiden Name,

W. D. Hughes

7. Mother's Birthplace,

City

8. Full Name of Father,

James Meehan

9. Father's Occupation,

Barber

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

W. B. Elizabeth Betz

Address,

120 Bank St

Remarks,

CHILD NAME ADDED

12-30-52

L. M.

RETURN OF A BIRTH *H. S. W.*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- 2nd*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W. C.*
3. Date of Birth, *Oct. 17th 1888*
4. Place of Birth, (Street and Number) *2282 Gay St.*
5. Full Name of Mother, *Edw. M. Galy*
6. Mother's Maiden Name, *B. L. R.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John H. Galy*
9. Father's Occupation, *Teamster*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. Galy*
- Address, *182 E. Monument St.*
- Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 17 1888

4. Place of Birth, (Street and Number)

22 Argyle Avenue

5. Full Name of Mother,

Augusta Miller

6. Mother's Maiden Name,

Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Elmer Miller

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Marbury Brewster M.D.

Address.

68 McCulloch St.

Remarks.

Full name of child - Cora Miller

RETURN OF A BIRTH

66837

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 17th 1888*
4. Place of Birth, (Street and Number) *#15 R. A. ... St.*
5. Full Name of Mother, *Eugene ...*
6. Mother's Maiden Name, *...*
7. Mother's Birthplace, *...*
8. Full Name of Father, *...*
9. Father's Occupation, *...*
10. Father's Birthplace, *B. U. ...*
- Name of Medical Attendant, or other Person who make this return *...*
- Address, *102 E. ... St.*
- Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Baltimore, Md. 11th 1883

4. Place of Birth, Baltimore, Md.

5. Full Name of Mother, Barbara Ann Kelly

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Baltimore, Md.

8. Father's Occupation, Farmer

9. Father's Birthplace, Baltimore, Md.

10. Name of Medical Attendant, Dr. J. H. Smith

Address, 112 E. 2nd St.

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

16539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *15th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 17th 1883*
4. Place of Birth, (Street and Number) *Baltimore near Valley St.*
5. Full Name of Mother, *Barbara G. Grant*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John A. Grant*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Miss Anna Heltquist*
- Address *112 E. Pennsylvania St.*
- Remarks.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be so attended upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, and to file a statement of the birth of such child within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars, nor more than fifty dollars, and each offense shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17 Oct

4. Place of Birth, (Street and Number) 43 N. Bond St

5. Full Name of Mother, Mary Jaff White

6. Mother's Maiden Name, White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis Jaff

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Ball.

Name of Medical Attendant, or other Person who makes this Return

Chas. Rosa M.D.

Address,

48 N. Charles St

Remarks,

71541

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a registered nurse, or of a duly licensed nurse, or of a duly licensed nurse-midwife, it shall then become the duty of the parent or parents of such child to cause the same to be reported to the health officer of the city within the period above mentioned, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Growth

Female,

white

act 17 1883

Box 1.11 st

Dear Bronenburg

Dear Haddjis

Russia Polen

Abzayn Kronsburg

Falder

Russia Polen

er other Person who
makes this Return

Mr. D. Goldsmith

44 Hanover st city

name of child ~~John~~ Kronenburg
Bilie

RETURN OF A BIRTH

66842

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OCT
22
1883

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) Colored
- Date of Birth, October 19th 1883
- Place of Birth, (Street and Number) 56 Hammond street
- Full Name of Mother, Jennie Johanson
- Mother's Maiden Name, Jennie Watson
- Mother's Birthplace, Annapolis County
- Full Name of Father, David Watson
- Father's Occupation, Labourer
- Father's Birthplace, Ind.
- Name of Medical Attendant, or other Person who makes this Return, Geo. Walper
- Address, 89 Spring street
- Remarks, all

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

first

male

Colored

17. October

Foster Alley

Susan Stokes

Baltimore County

Braxton Stocks

Labor

Virginia

Lucy Cornish

15. Immen Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

OCT 17 1883

4. Place of Birth, (Street and Number)

Norton St No 9

5. Full Name of Mother,

Eliza Woolford

6. Mother's Maiden Name,

Eliza Thomson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Eddie Woolford

9. Father's Occupation,

Broom Maker

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Lucie Eliza Woolford

Address,

131 North Register

Remarks,

of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Wht*

3. Date of Birth, *Oct 17 9 '13*

4. Place of Birth, (Street and Number) *104 Lomb St.*

5. Full Name of Mother, *Jr Amanda Heand*

6. Mother's Maiden Name, *Ford*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *James Heand*

9. Father's Occupation, *Patron*

10. Father's Birthplace, *Ind. Ind*

Name of Medical Attendant, or other Person who makes this Return.

J. Barton Bruce

Address,

315 1/2 Charles St.

Remarks,

RETURN OF A BIRTH.

668218

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 17/93

4. Place of Birth (Street and Number)

14 Union St.

5. Full Name of Mother

Elizabeth Bender

6. Mother's Maiden Name

Hansen

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

George Bender

9. Father's Occupation

Black Smith

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Rider

Address

198 W. Fremont St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or child

place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner is unable to deliver the certificate, he shall cause it to be delivered by some other person, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period already required, except in the case of the birth and death of illegitimate children, and in such cases the said certificate shall be delivered by the Board of Health, and no penalty shall be assessed to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 17th 1883

4. Place of Birth, (Street and Number)

34 1/2 Forest St

5. Full Name of Mother,

Mary Myers

6. Mother's Maiden Name,

Mary Jarco

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Philip Myers

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Harriett Jackson

Address,

5 Forest St

Remarks,

between the first and third day of each and every month to the Board of Health, in the form of a certificate, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother, or of the person attending her, to cause a certificate to be made by the midwife, or by any person or persons, who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 of October

4. Place of Birth, (Street and Number) No 2 Laurel St.

5. Full Name of Mother, Mary Kelly

6. Mother's Maiden Name, Mary M. Barnall.

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Kelly.

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabine Eschbacher

Address, No 120 West St.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

66851

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

Sex. (state whether male or female)

Female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

161 N. Lombard Market

5. Full Name of Mother

Mollie Bradford

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Ma U.S.A

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. H. Newsham

Address,

161 N. Lombard -

Remarks,

Legitimate

Sex, age of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NO 1

1883

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 18. B.

4. Place of Birth, (Street and Number)

Fauntleroy str No 37

5. Full Name of Mother,

Mary Spigel

6. Mother's Maiden Name,

Baer

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Valentin Spigel

9. Father's Occupation,

Laborer

Father's Birthplace,

Prussia

Name of Medical Attendant,

or other Person who makes this Return

Wm. L. B. B. B.

Address,

1st St. No 14

Remarks,

pieces of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, the practitioner shall then become the official attendant, and shall report the birth of such child to the Board of Health, in the manner, and within the period aforesaid, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

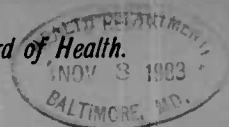
Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name, William Luther Stahl.

8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 18 - 1883 -

4. Place of Birth (Street and Number)

396 Saratoga

5. Full Name of Mother

Christina Stahl

6. Mother's Maiden Name

Minck

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Walter Stahl

9. Father's Occupation

Builder

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

Remarks

[illegible]

183

1. 4. 2. 2. 2.

Love

4. 2. 2. 2. 2.

18 Caladne

248 Dr. Wm. W. W. W.

Louis Guichard

Eric L. Thompson

10/10/10

Joseph Gerhard

1900-1901

O. J. Jones & Son, Boston

Anna Fisher

239 E. Esplanade

100

piece of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, within the first and third day of each and every month, in case the birth of any child, and the said certificate shall be filed in the office of the Registrar, and the Registrar shall certify the receipt of the same to the practitioner, and the said certificate shall be retained in the office of the Registrar, and the said certificate shall be subject to a fine of ten dollars for each infraction to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18th 1883

4. Place of Birth, (Street and Number)

10 211 E Lombard St

5. Full Name of Mother,

Lina Bauer

6. Mother's Maiden Name,

" Friedrich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo Bauer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth D. D.

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 October

4. Place of Birth, (Street and Number)

114 E. Lombard

5. Full Name of Mother,

Eury Millerman

6. Mother's Maiden Name,

Königsburg

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Jake Millerman

9. Father's Occupation,

Booker

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

Securities, between the first and third day of each and every month to the Board of Health, in case the birth of a child is not reported to the Registrar of Vital Statistics, within the time specified, the Registrar should on other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth of a child to a woman who is already the mother of a child, in which case the parent or parents of such child, or each of them, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, the birth of the child shall be recorded by the duty of the person or persons required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 18th 1883*

4. Place of Birth, (Street and Number) *No 130 West St*

5. Full Name of Mother, *Christine Walters*

6. Mother's Maiden Name, *Wichman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Walters*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Physician midwife*

Address, *331 H. Avenue St*

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY NAME ADDED 8-16-55
RETURN OF A BIRTH.

16819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



John Jacob Noll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 18 5 55 A.M. 1883

4. Place of Birth (Street and Number)

229 S. Wolf.

5. Full Name of Mother

Barbara Noll

6. Mother's Maiden Name

B. Heim

7. Mother's Birthplace

Balt. City

8. Full Name of Father

John Noll

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Germany

Name of Medical Attendant,

or other Person who makes this Return.

James E. Dimmock M.D.

Address

299 E. Balto. St.

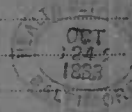
Remarks

RETURN OF A BIRTH 6686a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 18, 1888*
4. Place of Birth, (Street and Number) *Cocker St*
5. Full Name of Mother, *Mary Malone*
6. Mother's Maiden Name, *Mary Glaspie*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Mary Malone*
9. Father's Occupation, *Laborer*
- ☒ Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Etel*
- Address, *No 13 Cuba Street*
- Remarks, *Loose Point*



RETURN OF A BIRTH 66861

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Col.*
3. Date of Birth, *Oct 18th 83*
4. Place of Birth, (Street and Number) *282 Middle*
5. Full Name of Mother, *Georgia Brown*
6. Mother's Maiden Name, *Georgia Giben*
7. Mother's Birthplace, *Md*
8. Full Name of Father, *Daniel O Brown*
9. Father's Occupation, *Walter*
- Father's Birthplace, *Md*
- Name of Medical Attendant, or other Person who makes this Return *J. H. Miller M.D.*
- Address, *188 Franklin*
- Remarks,

7656.2

timore City

4

Female

C_____

October 1843

170 S. Anne St

Mary Beck

Schmidt

Baltimore

Frank Beck

Laborer

Baltimore

Mr. Louisas

236 Canton Ave

certificates, between the first and third day of each of every month, to the nearest health officer, or the nearest physician, or a practitioner of midwifery, or the birth of any child, or the death of any person, he shall become liable to a fine of ten dollars for each offence. If, after the birth of any child, or the death of any person, he shall neglect to report the same to the nearest health officer, or the nearest physician, or a practitioner of midwifery, he shall be liable to a fine of ten dollars for each offence. If, after the birth of any child, or the death of any person, he shall neglect to report the same to the nearest health officer, or the nearest physician, or a practitioner of midwifery, he shall be liable to a fine of ten dollars for each offence. If, after the birth of any child, or the death of any person, he shall neglect to report the same to the nearest health officer, or the nearest physician, or a practitioner of midwifery, he shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH

16863

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 18th of October
 4. Place of Birth, (Street and Number) 214 Central Ave.
 5. Full Name of Mother, Florence B. Reed.
 6. Mother's Maiden Name, F. Lence 18. Face
 7. Mother's Birthplace, Norfolk, Va.
 8. Full Name of Father, Admore J. Reed.
 9. Father's Occupation, Hatter
☒ Father's Birthplace, Norfolk, Va.
 Name of Medical Attendant, or other Person who makes this Return, Mary Walter
 Address, 125 N. Caroline St.
 Remarks,

OCT
 22
 1893

RETURN OF A BIRTH

6884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 18th 1883

4. Place of Birth, (Street and Number) 53 Shaw St.

5. Full Name of Mother, Bettie Lebewohl

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Copel Lebewohl

9. Father's Occupation, Tinner

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

6567
OCT 20 1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *- Second -*
1. Sex (state whether Male or Female) *- Female -*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct - 18th 1883 -*
4. Place of Birth (Street and Number) *188. -*
5. Full Name of Mother *Mary Byrd Rouse*
6. Mother's Maiden Name *" Miller*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Robt. A. Rouse*
9. Father's Occupation *Coal Merchant*
10. Father's Birthplace *Harford Co. Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *W. B. Sellman M.D.*
- Address *Cor. Carrollton Ave - & Laureate St -*
- Remarks

77568



Handwritten signature

Female

M. C.

Oct 18/76

L. C. / Duck

Charles C. Felber

B. J. H.

Recd
P. L.

Case 6. *Excess*—

Plicenae

Bald

or other Person who
makes this Return --

Barth J. P. Winters

CITY WINTERS AND STATIONERS.

RETURN OF A BIRTH

66869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 20 1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Oct. 18, 1883
 4. Place of Birth, (Street and Number) 674 Light St
 5. Full Name of Mother, Julia Pearson
 6. Mother's Maiden Name, Julia Smith
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Robert Pearson
 9. Father's Occupation, Laborer
 Father's Birthplace, Eastern Shore
 Name of Medical Attendant, or other Person who makes this Return Mrs Ann Nash
 Address,
 Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 18th 1893*
4. Place of Birth (Street and Number) *404 Hanover st*
5. Full Name of Mother *Caroline King*
6. Mother's Maiden Name *Burns*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *George King*
9. Father's Occupation *Fruit Packer*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *O. A. Cooke M.D.*
Address *110 Fort av*
Remarks

Oct
22
1893

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 8th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *18 October*

4. Place of Birth, (Street and Number) *321 Howard*

5. Full Name of Mother, *Liza Sprigg*

6. Mother's Maiden Name, *Eliza Bird*

7. Mother's Birthplace, *Coultat conty*

8. Full Name of Father, *John Sprigg*

9. Father's Occupation, *seaman*

10. Father's Birthplace, *Coultat conty*

Name of Medical Attendant, or other Person who makes this Return

Address, *Wile Cross*

Remarks, *12 plum aly*

OCT
22
1883

any person or persons who shall be convicted of any offense under the provisions of the Act shall be subject to a fine of ten dollars

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



66872

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (~~state whether Male or Female~~) _____

2. Race or Color (~~if not~~ of the white race) _____

3. Date of Birth Oct 18th 1883

4. Place of Birth (Street and Number) 538 Mulberry St

5. Full Name of Mother Susan B Neaulenbeck

6. Mother's Maiden Name Conger

7. Mother's Birthplace New Bank N J

8. Full Name of Father Geo W Neaulenbeck

9. Father's Occupation Stenographer

10. Father's Birthplace Newark N J

Name of Medical Attendant, or other Person who makes this Return. Ellis Price M.D.

Address 262 Madison Ave

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

66873

1 OCT 23 1883

Female

Oct 18 1883

44 Gibson Dr
Jennie Gladfelter
Jennie Cook
Md

Chas. Gladfelter
Machinist
Md

of both Md
or same as

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a physician, or of a new-affiliator of midwives, or of any other person, shall be in violation of the law, and the parent or parents of such child, or such child, shall be liable to the penalty of a fine of not less than five dollars, nor more than ten dollars, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT.
23
1883

253 Retard 2.

Bessie Ziegler

D. Ziegler

German

German

German

German

German

German

German

German

German

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
17
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 19 - 1883

4. Place of Birth (Street and Number)

No 5 Beach St

5. Full Name of Mother

Elizabeth G. Clark

6. Mother's Maiden Name

" Higgins

7. Mother's Birthplace

Virginia

8. Full Name of Father

John Clark

9. Father's Occupation

Carpenter

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

A. A. Lewis

Address

1622 Commerce St

Remarks

Registrar, stating distinctly the date and hour of birth, and color of the children, and the maiden name of the mother of such child or children.

165/6

timore City

7th

Male

White

October 17th. 1883

133. v. Spring 87

Pinne Sophie

" ~~Drummond~~ Drummond

England

Tim Murphy

Tanner

Ireland

16. V. B. W.

2nd & Monument St.

Ice Mill

AND CITY PRINTER AND STATISTICALS

NOV 9 1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NO 1

1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st 17. 83.

11. Hollister 10 11

Frederine Geller

Hessen

Hessen

Joseph Geller

Schuhmacher

Hessen

Dr. John R. R. R.

11. 14

certificates, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the persons, hereinafter provided, and shall forfeit and pay a fine of ten dollars, or any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to action shall be subject to a fine of ten dollars, and such officers, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

Oct. 19, 1883

No. 11. Chesnut alle

Anna Mary Hollinger

Anna Mary Hilke

Baltimore

Anton. Peter Hollinger

Furniture Maker

Balt.

Mrs. Menck

No. 1 Linden Hall St.

RETURN OF A BIRTH

1688a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *2^d*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Oct 19th*
5. Place of Birth, (Street and Number) *No 112 West St*
6. Full Name of Mother, *Emma Thomas*
7. Mother's Maiden Name, *Brownell*
8. Mother's Birthplace, *Dorchester Co*
9. Full Name of Father, *Wm A Thomas*
10. Father's Occupation, *Seaman*
11. Father's Birthplace, *Dorchester County*
12. Name of Medical Attendant, or other Person who makes this Return *J. O. Burck. M.D.*
13. Address, *151 Nassau St*
14. Remarks,

765d1

Baltimore City

100

Female

e)

Oct 19th 1883

for 24 Feb. 18

Elizabeth (Egan) Page

3 " Otis

City

Frank Carnegie

Saloon

Italy

or other Person who
makes this Return

Mrs Elizabeth Behr

120 Oberbank Int

APPENDIX 1: THE CONCEPTS AND STATISTICS

7582

place of the birth, and on the first and third day of each and every month to the Board of Health. In case the certificate, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in charge of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than twenty dollars for each offense, to be recovered as above provided.

Remarks,

RETURN OF A BIRTH

16853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *816*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *October 19, 1883*

4. Place of Birth, (Street and Number) *128 Pennsylvania Avenue*

5. Full Name of Mother, *Mary A. Hucht*

6. Mother's Maiden Name, *Minivald*

7. Mother's Birthplace, *Balt City*

8. Full Name of Father, *Theodore Hucht*

9. Father's Occupation, *Shoemaker*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *William Brown M.D.*

Address *68 W. Calver Street*

Remarks.

NO 1
2
1883

Make its name, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 of October 1883*
4. Place of Birth (Street and Number) *73 Ireland Street*
5. Full Name of Mother *John Washington*
6. Mother's Maiden Name *John Bell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Washington*
9. Father's Occupation *Street*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. James Richardson*
- Address *212 Haver St.*
- Remarks

RETURN OF A BIRTH

66886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 19

4. Place of Birth, (Street and Number)

34 Hull St

5. Full Name of Mother,

Agnes P C Jaeger

6. Mother's Maiden Name,

Agnes P C Storch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John D Jaeger

9. Father's Occupation,

Watch Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Ethel

Address,

No 13 Cuba St

Remarks,

RETURN OF A BIRTH

16887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 19/83.

4. Place of Birth, (Street and Number)

62 N. Eutaw

5. Full Name of Mother,

Pauline Burk

6. Mother's Maiden Name,

" Melchmann

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

W. J. Burk

9. Father's Occupation,

Printer

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address.

179 N. Howard St.

Remarks.

RETURN OF A BIRTH 66588

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

First

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 17

4. Place of Birth, (Street and Number)

to 234 Hollins St.

5. Full Name of Mother,

Mary E. Pallen

6. Mother's Maiden Name,

" " Hobbs

7. Mother's Birthplace,

Howard Co

8. Full Name of Father,

James W. Pallen

9. Father's Occupation,

Carpenter

Father's Birthplace,

Harford Co.

Name of Medical Attendant, or other Person who makes this Return.

T. Chew. W. Whittington M.D.

Address,

373 W. Fayette St.

Remarks,

RETURN OF A BIRTH

66889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 17th 1883

4. Place of Birth, (Street and Number)

134 York St

5. Full Name of Mother,

Annie Wilson

6. Mother's Maiden Name,

Annie Anten

7. Mother's Birthplace,

Calvert county

8. Full Name of Father,

Herish Wilson

9. Father's Occupation,

Sailor

Father's Birthplace,

Calvert county

Name of Medical Attendant, or other Person who makes this Return

Mary Ann Dorsey

Address,

164 E. Brown Lane

Remarks,

five dollars

OCT
124
1883

1000000000

RETURN OF A BIRTH

16890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male 3

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October the 19, 1883

4. Place of Birth, (Street and Number)

No 611 Phares St

5. Full Name of Mother,

Mary Leonard

6. Mother's Maiden Name,

Mary Wether

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Leonard

9. Father's Occupation,

Watchman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr S. D. Kelly

Address,

No 792 West St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*

1. Sex, (state whether ~~male~~ or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct 19 1883*

4. Place of Birth, (Street and Number) *195 East St*

5. Full Name of Mother, *Kate Kilfoyle*

6. Mother's Maiden Name, *Kate Kilfoyle*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Kilfoyle*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Mrs Barnett*

Address, *Kellen St*

Remarks,

certificates, between the first and third day of each and every month, to the Registrar of Births, in each ward, by the physician, or of a practitioner of midwifery, or by the father, or by the mother, or by some other person, who shall be sworn to the truth of the statement, and who shall be liable to a fine of ten dollars for each offence; to be recovered as other taxes and penalties are recoverable.

[illegible]

4-6-79 2
Harris City

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) 11/11/6

3. Date of Birth, 17 Oct

4. Place of Birth, (Street and Number) 116 Mc Kinn St

5. Full Name of Mother, Mary Beale

6. *Mother's Maiden Name,* *Parsons*

7. Mother's Birthplace, Ba

8. Full Name of Father, Ernest Brooks

9. *Father's Occupation,* Teacher

10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Mr. Reed Mfg.
78 Holland St.
Ball

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. *66893*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

October 19th 1883

4. Place of Birth, (Street and Number)

413. Hanover st. City

5. Full Name of Mother,

Lina Deborah Livingston

6. Mother's Maiden Name,

Drysdale

7. Mother's Birthplace,

Kowno Russia

8. Full Name of Father,

Bernard Leon Livingston

9. Father's Occupation,

Cigarette manufacturer

10. Father's Birthplace,

Kowno Russia

Name of Medical Attendant,

or other Person who makes this Return

Mrs. D. Goldsmith

Address,

414. Hanover st. City

Remarks,

name of child Sarah J. Livingston.

in case of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report to the Board of Health, in the manner and to the effect herein provided, the name of the child, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the occupation of the father, the birthplace of the mother, the birthplace of the father, the name of the medical attendant, and the name of the person who makes this return. Any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

66894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 19/83

4. Place of Birth, (Street and Number)

195 Penna Ave

5. Full Name of Mother,

Laura V. Collins

6. Mother's Maiden Name,

Laura V. Corrigan

7. Mother's Birthplace,

Ill

8. Full Name of Father,

Charles A. Collins

9. Father's Occupation,

Cigar Worker

10. Father's Birthplace,

Ill

Name of Medical Attendant,

or other Person who makes this Return

J. H. Miller M.D.

Address,

188 Franklin

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 19th 1882

4. Place of Birth, (Street and Number) 12 Womans Court

5. Full Name of Mother, Margaret Myers

6. Mother's Maiden Name, Margaret King

7. Mother's Birthplace, of Baltimore

8. Full Name of Father, James Myers

9. Father's Occupation, Laborer

Father's Birthplace, of Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. Walker

Address, 89 Spring Street

Remarks, Baltimore

RETURN OF A BIRTH

66896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Oct
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return.

Address,

Remarks,

Fourth.
female
white

October 19th

N.E. cor Calvert & Townsend

Katie Jenkins

McSham

Baltimore

A. L. Jenkins

Merchant

Balto.

Riggin Buckler

135 N Charles St

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 66897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Oct. 19 1883

4. Place of Birth, (Street and Number) 148 N. Front St

5. Full Name of Mother Annie Jackson

6. Mother's Maiden Name " Susan

7. Mother's Birthplace Wales

8. Full Name of Father Chas. Jackson

9. Father's Occupation Barber

Father's Birthplace Baltu

Name of Medical Attendant, or other Person who makes this Return. Cedward J. McNeill

Address 821 Alaynth St

Remarks

name of the mother of such child or children.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter the mother and one or more of the parents or parents of such child to report to the Board of Health, in the manner and within the period already required, except in the case of the births and deaths of illegitimate children, and when the mother or parent of such child thereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$100 nor more than \$200, to be recovered as other fines and penalties are recoverable.

OCT
'23'
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*..

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH.

16900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Within the day's inspection, stating particularly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 19th 1883

4. Place of Birth (Street and Number)

Highwood St No 2

5. Full Name of Mother

Mrs. J. C. C.

6. Mother's Maiden Name

Rosa Smith

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John H. C.

9. Father's Occupation

Farmer

10. Father's Birthplace

Canal Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

D. C. C.

Address

1. 5th St. No 11

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
15
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female -
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 20. 83 -
4. Place of Birth (Street and Number) 207 N. Carrollton Ave
5. Full Name of Mother Fannie Cox
6. Mother's Maiden Name " Harris
7. Mother's Birthplace Balto.
8. Full Name of Father Richd H. Cox
9. Father's Occupation Broker -
10. Father's Birthplace Balto. Md
Name of Medical Attendant, or other Person who makes this Return. John J. King - Md
Address 215 N. Carrollton Ave
Remarks

HA 902

101
91
122

South
Muley

Mule
white

White
October 20th 1883
71 Gay St.

115 76 Gay St
116 76 Gay St

115. 10. 18. 18. 18.
Henrietta Stern
Edgar Smith

Goldsmith
Hercules

Julius Stern
Merchant

Merchant
Germany

Germany
Woburn Mass
Lincoln Street

W. W. Brown & Co.
300 E. 1st St. St. Louis, Mo.

or other Person who
takes this Return

Other Person who
takes this Return

It was the
in case the
of death. In
midwifery, or
as a practitioner,
then become
in the region
children, and
can shall be
be subject
to the
are recoverable.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

66902

NOV
9
1993

- North
Males

- # Mule

- White

- October 20th, 1883

115. H. Gay v. H.

- Henrietta Stern

- Goldsmith

- St Erasmus

- Julius Stern

- Merchant

- Сергеев

or other Person who
makes this Return

Other Person who makes this Return

D. W. Stokes M.D.
Benjamin Franklin M.D.

Remarks,

1. THE FIRST TWO AND STATIONER.

RETURN OF A BIRTH

66902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

NO. 1

1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 20. 83.

4. Place of Birth, (Street and Number)

12 Hollister Ave 36

5. Full Name of Mother,

Barbara Agnew

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Johann Agnew

9. Father's Occupation,

Salunkeeper

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Dr. L. R. Prueber

Address,

12 Hollister Ave 14

Remarks,

6/7/04

[illegible]

3

- OCT
22
1951

any person who shall receive or assist the attendance of a physician, or of a practitioner of midwifery, or of a nurse, in the delivery of a child, or in the attendance of a woman in the puerperal state, or in the attendance of a child in the hospital, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50, or to imprisonment for not less than 10 days nor more than 30 days, or to both such fine and imprisonment.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 20 1883

4. Place of Birth, (Street and Number) 344 Eastern Av

5. Full Name of Mother, Mary Grace

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Shaw

9. Father's Occupation, Cabman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return John E. Long

Address, 193 Charles St

Remarks, _____

66906

[illegible]

Female

White

~~Harriet S.~~ Oct 20 1853

Hub St

Maggie Hauke

Maggie Zange.

Bathurst

John Hankie

Plaster

Група

Mrs. E. H. C.

No 13 Cuba St

1971 HIGHLIGHTS AND STATISTICS

Information, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

46907

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 20 1883

4. Place of Birth, (Street and Number)

330

North Gay St

5. Full Name of Mother

Eva A. Gross

6. Mother's Maiden Name

Eva A. Palmer

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Nicholas J. Gross

9. Father's Occupation

Dyer and Scourer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant

or other Person who makes this Return.

Amanda Measine

Address

175 North Eden St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 20th 83
4. Place of Birth (Street and Number) 290 McKenough St
5. Full Name of Mother Mary Jane Hall
6. Mother's Maiden Name
7. Mother's Birthplace Ann Randal Co.
8. Full Name of Father Albert Hall
9. Father's Occupation Carpenter & Wheelwright
10. Father's Birthplace Ann Randal Co.
- Name of Medical Attendant, or other Person who makes this Return. City Doctor
- Address
- Remarks

Each of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not be attended by any person, shall be liable to a fine of ten dollars, and any person or persons who shall be guilty of such offense, shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 20th 1883

4. Place of Birth, (Street and Number)

No 13 Temple st

5. Full Name of Mother,

Frances Skiller

6. Mother's Maiden Name,

Frances Skiller

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Ediah Skilleard

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Harriett Jackson

Address,

No 5 Forrest st

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or person in attendance to call for a physician, or practitioner of midwifery, and if any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 86910

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 82

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 20th 1883

4. Place of Birth, (Street and Number) in Near of 38 Chestnut St-

5. Full Name of Mother, Caroline Brown

6. Mother's Maiden Name, Caroline Johnson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph Brown

9. Father's Occupation, Hunter

10. Father's Birthplace, Boston

Name of Medical Attendant, or other Person who makes this Return Harriett Jackson

Address, No 5 Forrest St.

Remarks,

RETURN OF A BIRTH *66911*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of which child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *October 20th 1887*

4. Place of Birth, (Street and Number) *256 Montgomery St.*

5. Full Name of Mother *Rebecca Tatfas*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Russia*

8. Full Name of Father *Abram Tatfas*

9. Father's Occupation, *Pedler*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *or other Person who makes this Return* *Mrs. B. Bernstein*

Address, *112 E. Lombard St.*

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to cause the same to be registered in the office of the Registrar of Births, Deaths and Marriages, within a time to be fixed by the Board of Health, and any person or persons who fail to comply with this provision of the law shall be liable to a fine not exceeding ten dollars, and such fine shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October 20th / 83.
4. Place of Birth, (Street and Number) 35. N. Howard St.
5. Full Name of Mother, Annie Stewart.
6. Mother's Maiden Name, Annie Parks.
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Norris Stewart.
9. Father's Occupation, Chap.
10. Father's Birthplace, Baltimore City. Md.
- Name of Medical Attendant, or other Person who makes this Return, Wm. L. C. Wagner, M.D.
- Address, 273 Lexington St.
- Remarks, _____

Oct 22 1883

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WEDNESDAY 9-13-34
RETURN OF A BIRTH, 11912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Charles Arthur Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

OCT 22 1934

Oct 20 1883

18 W. Washington St.
Elizabeth J. Miller

Baltimore

Henry Miller

Produce Dealer

Baltimore

Edward A. Mearns

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be so attending, the mother shall be liable to a fine of ten dollars, unless she should register the birth of such child within the period above required, except in the cases of illegitimate children, and any person or persons who shall neglect or fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

NOV

9

1893

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 21st 1883

4. Place of Birth, (Street and Number)

355 N. Broad St

5. Full Name of Mother,

Martha Wagner

6. Mother's Maiden Name,

Eagle

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Lewis Wagner

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

J. W. Offutt M.D.

Address,

25 E. Eagerford Street

Remarks,

RETURN OF A BIRTH

16915

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 21st 1893

4. Place of Birth, (Street and Number)

230 S. Babel st

5. Full Name of Mother,

Maggie Gilbert

6. Mother's Maiden Name,

" Ewig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Christ Gilbert

9. Father's Occupation,

Latex Long Foreman

10. Father's Birthplace,

Balto Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Mont Stein

Remarks,

A 1518 Card st
Balto Md

RETURN OF A BIRTH

66916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21st October 1883*

4. Place of Birth, (Street and Number) *21 Odonnell street, Canton*

5. Full Name of Mother, *Laura Skinner*

6. Mother's Maiden Name, *Laura Harold*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Cornelius Skinner*

9. Father's Occupation, *Brakesman*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Gullen*

Address, *104 Curleys street*

Remarks,

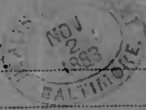
NO 1
2
1883
BALDOR

to be filled out by the Registrar, and the full name of the mother of such child or children.

RETURN OF A BIRTH

16917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st of October*
4. Place of Birth, (Street and Number) *Union Street No 50.*
5. Full Name of Mother, *E. Ellen M. Arden.*
6. Mother's Maiden Name, *Alfrey.*
7. Mother's Birthplace, *England.*
8. Full Name of Father, *George M. Arden.*
9. Father's Occupation, *Laborer.*
- Father's Birthplace, *England.*
- Name of Medical Attendant, or other Person who makes this Return *E. Charlotte Crosby.*
- Address. *369 Cathedral Street.*
- Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and if they fail to do so, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 21 October
4. Place of Birth, (Street and Number) 82 S. Athemarle
5. Full Name of Mother, Maggie Phieley
6. Mother's Maiden Name, Graver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Phieley
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 C. Lombard street E.
- Remarks, _____

birth of any child born without the attendance of a physician, or of a traditionalist or midwife, or should either parent or guardian of such child fail to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and shall hereafter fall to comply with the provisions of said section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

7

Mark

Oct 21st 1813

No 52 Nest - 11.

Elizabeth Wendel

Finger

América

Peter Weirde

Taker.

Quana

S. Schranker mid-air

330/Baranovsk

Remarks,

RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 21st 1883

4. Place of Birth, (Street and Number)

161 N. Lombard St. Maternity

5. Full Name of Mother,

Annie Harbison

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

E. Waddell M.D.

Address,

161 N. Lombard St. Maternity, Wash. Phys.

Remarks,

RETURN OF A BIRTH 66921

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 21st 1893

4. Place of Birth, (Street and Number)

161 N. Lombard St. Maternity

5. Full Name of Mother,

Lucie Jackson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

J. J.

9. Father's Occupation,

10. Father's Birthplace,

Exton, Wadell, Md.

Name of Medical Attendant, or other Person, who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 21st

4. Place of Birth, (Street and Number)

312 Townsend St

5. Full Name of Mother,

Mary Ann Messel

6. Mother's Maiden Name,

Mary Ann Leukens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Messel

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

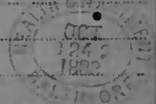
H. J. Smith

Address,

No. 2 Cathedral

Remarks,

Still born, (and eight months in utero)



RETURN OF A BIRTH.

11923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
24
1893

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Oct
4. Place of Birth (Street and Number) 194 Montgomery
5. Full Name of Mother Fanny Drums
6. Mother's Maiden Name Tittle
7. Mother's Birthplace Balto.
8. Full Name of Father Henry Drums
9. Father's Occupation Wreck-maker
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. H. W. Owens
- Address 364 Madison St
- Remarks

Without this return, the child is not eligible for vaccination, and the mother is not eligible for the benefit of the law in regard to the child's health, and the child is not eligible for the benefit of the law in regard to the child's health.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent of such child to report its birth to the Board of Health, in the manner, and within the time, hereinafter prescribed, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, October the 21
4. Place of Birth, (Street and Number) Baltimore wall st No 45
5. Full Name of Mother, amelia Clark
6. Mother's Maiden Name, goldhammes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Clark
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Heston
- Address, William st No 342
- Remarks,

11925

231
271
1173

- will in six days thereafter, placing immediately the name of father, mother, date of birth of child, sex, full name of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

66936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Cafard Race

3. Date of Birth,

Oct 31 1885

4. Place of Birth, (Street and Number)

28 Eoughlin St

5. Full Name of Mother,

6. Mother's Maiden Name,

Lizzie Losen

7. Mother's Birthplace,

Crisfield Somerset Me

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Quindia Woodard

Address,

130 Regester St

Remarks,

should no other person be in at endence upon the mother, immediately thereafter, it shall then become the
parent or, such child to report its birth to the Board of Health, in the manner, and
within the period aforesaid, and if any person or persons shall hereafter fail to comply with the provisions of this act, he or they shall be
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 21 1883
4. Place of Birth, (Street and Number) 125 Madam St
5. Full Name of Mother, Eutoude Lang
6. Mother's Maiden Name, Yuso road
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lang
9. Father's Occupation, carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Miss E. Gray
- Address, 193 Chester St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
29
1880

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

4th
Male
White
October 21st
47 N Front St
Emma B. Hemming
" " Chase
Baltimore
Charles H. Hemming
Actor
Baltimore
Mrs Isabella Oliver
183 N Eden St

RETURN OF A BIRTH

66929

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st October 1883

4. Place of Birth, (Street and Number) No 13 Elm Street

5. Full Name of Mother, Maria Freier Srik

6. Mother's Maiden Name, Maria Freier

7. Mother's Birthplace, Prussia Germany

8. Full Name of Father, Friedrich Srik

9. Father's Occupation, Sailor

10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other Person who makes this Return, Charles Hays Baber

Address, No 28, N. Linn St

Remarks,

OCT.
20
1883

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

11930

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

OCT 30

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 21*

4. Place of Birth, (Street and Number) *142 Fayette St Baltimore*

5. Full Name of Mother, *Mary Flannery*

6. Mother's Maiden Name, *Mary Gallagher*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Michael Flannery*

9. Father's Occupation, *Plasterer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes the Return *Susan Shinton*

Address, *21 N. Poppleton St*

Remarks,

RETURN OF A BIRTH

66931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
20.
1893

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 21st 1893

4. Place of Birth, (Street and Number)

351 West Fulton Avenue

5. Full Name of Mother,

Maides F. Steele

6. Mother's Maiden Name,

Maides F. Gorott

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Jos. J. Steele

9. Father's Occupation,

Agent

10. Father's Birthplace,

New York N.Y.

Name of Medical Attendant, or other Person who makes this Return

Susan Shunk

Address,

21 N. Poppleton St

Remarks,

[illegible]

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3

Male

C

October 21/83

948 Register Str

Mary Schoenagel

Lang

Baltimore

Joseph Schoenig

Cigar master

Germania

Mrs. Priscilla Kraft

236 Canton Ave

Remarks.

RETURN OF A BIRTH.

16933

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Oct 21 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2ⁿ Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *October 21st 1883*
 4. Place of Birth (Street and Number) *258 William St*
 5. Full Name of Mother *Alice Knight*
 6. Mother's Maiden Name *Alice Hodges*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *Armand Knight*
 9. Father's Occupation *Deputy Sheriff in San Francisco*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Cooke M.D.*
 Address *110 Fort Ar*
 Remarks *Still-Birth at 9 months.*

Within six days thereafter, shall certify the mother, father, and child, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in such cases the parent or parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

OCT
23
1883

Col.

Oct 21st 1883

28 Josephine st

Mary Robinson

Mary Brown

Maryland

Dennis Robinson

Laborer

Richmond Va.

Mary Thompson

28 Josephine st

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, provided in the cases of the births and deaths of illegitimate children, and any person who shall fail to do so shall be liable to a fine of not less than five dollars, nor more than ten dollars, and each offense, to be recovered as often as and until the same shall be repeated.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21th of October 1883*

4. Place of Birth, (Street and Number) *41 North Durham Street*

5. Full Name of Mother, *Betsy Herald Kunkel*

6. Mother's Maiden Name, *Betsy Herald*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John L. Kunkel*

9. Father's Occupation, *Boatman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Christian Kunkel*

Address, *41 North Chapel St. for father Kunkel*

Remarks, *Healthy*

OCT
23
1883

birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately before, during, or after the birth, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, hereinafter provided, shall be deemed to be a violation of the provisions of any person or persons who shall be guilty of such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 21st 1883*
4. Place of Birth, (Street and Number) *393 Penna. Ave*
5. Full Name of Mother, *Julie Ann Wilkins*
6. Mother's Maiden Name, *Dunn*
7. Mother's Birthplace, *Balto. Ciz.*
8. Full Name of Father, *Jno. F. Wilkins*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *N. C.*
- Name of Medical Attendant, or other Person who makes this Return *J. H. Christian M.D.*
- Address, *431 Penna. Ave.*
- Remarks,

OCT
23
1883

[illegible]

16-9-36

7th.

Female

White

October 22nd. 1883

311 Cor. Monument & Bond St

Maru Klingelbein

Moore Hand

Chlorine

Baroness Klinschke

Big 20 m. to 100 m.

2000-2114

16. V. B. D.

Address. No 185. E. on Central av. N. Monument St.

Remarks, *all well*

1171 PLANTER AND STATIONERY.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parent, and the maiden name of the mother of such child or children.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
Ellingham Busby Wagner
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *October 22 1883*
 4. Place of Birth, (Street and Number) *79 W. Townsend St*
 5. Full Name of Mother, *Julia Wagner*
 6. Mother's Maiden Name, *Julia Thomas*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John W. Wagner*
 9. Father's Occupation, *Merchant*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *C. W. Kitterberger*
 Address, *121 W. Townsend St*
 Remarks,

RETURN OF A BIRTH

66940

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 22nd 1883

4. Place of Birth, (Street and Number)

379 W. Fayette St

5. Full Name of Mother,

Emma Perke

6. Mother's Maiden Name,

Emma Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. F. Perke

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

J. H. Miller

Address,

121 W. Miller St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 22d. 1883

4. Place of Birth, (Street and Number)

150 St. Paul Street

5. Full Name of Mother

Lillie Murdoch

6. Mother's Maiden Name

Lillie Murdoch Hazlett.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Ernauld A. Williams.

9. Father's Occupation

Insurance Business.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this return.

Dr. F. C. Hilton, M.D.

Address

146 Park Ave.

Remarks

RETURN OF A BIRTH

16942

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

11111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 October 1883

4. Place of Birth, (Street and Number)

36 Shore Street

5. Full Name of Mother,

Anna M. Ahles

6. Mother's Maiden Name,

Anna M. Barnes

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Ahles

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Curley Street

Remarks,

Printed and Stationers

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, who shall then become the parent or parents of such child, or in the absence of such physician, or practitioner of midwifery, or of any other person, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court, in each instance to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

OCT
24
1883

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Oct 22 - 1883

4. Place of Birth, (Street and Number)

No 71 1/2 Sheffers court

5. Full Name of Mother,

Emma Wilhelm

6. Mother's Maiden Name,

Worf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Wilhelm

9. Father's Occupation,

Germany

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaase midwife

Address,

330 Hanover st

Remarks,

667-1111
Mimosa City

Baltimore City.

2nd Child

Female

OCT
1967

Oct-22nd 1853

No. 346 v. Charles H.

Jusana Milke

Kreft

June 22/91

Joseph - LeWilke

Labaree

Lezanneuf

L. Schwaesd. midwife.

330 Hammer

Fig. 1. CITY COUNTRIES AND STATIONS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

169-10



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct. 22nd.
4. Place of Birth (Street and Number) 7 Heptm St.
5. Full Name of Mother Emma Sprigg
6. Mother's Maiden Name Emma Johnson
7. Mother's Birthplace Essex Co. Va.
8. Full Name of Father Joseph Sprigg
9. Father's Occupation Trades
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. R. H. Stale M.D.
- Address 262 Sharp St.
- Remarks

discriminate between the first and the second birth of any child who does not want the attendance of a physician, or of a practitioner of midwifery, or of any other person to be at attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and to cause the same to be duly recorded, and to pay the fee of one dollar for each offense, to be recovered as other laws and regulations relating to the same shall be enacted. It shall be lawful for the Board of Health to cause to be published in any newspaper, or in any other place, any and all of the names of the persons who have been convicted of any offense under this act, as an example.

1983
OCT
324
1883

- CITY PRINTERS AND STATIONERS

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and of children born of women who are subject to venereal disease, and of children born of women who are subject to other diseases, to be reported as other than and penalized as such.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *27 October*
4. Place of Birth, (Street and Number) *75 Bank St*
5. Full Name of Mother, *Kali Fisher*
6. Mother's Maiden Name, *Ruhl*
7. Mother's Birthplace, *Balt. Md*
8. Full Name of Father, *John Fisher*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Balt. Md*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Penn Ullery*
- Address, *48 Holland St Balt.*
- Remarks.

Birth of any child shall occur without the attendance of a physician, or of a medical nurse, or of a midwife, or of a person who is duly licensed to practice medicine, or of a person who is duly licensed to practice nursing, or of a person who is duly licensed to practice midwifery, or of a person who is duly licensed to practice medicine, nursing, or midwifery, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 October
4. Place of Birth, (Street and Number) 33 May St
5. Full Name of Mother, Katie German
6. Mother's Maiden Name, Hollenstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry German
9. Father's Occupation, Barber
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Rosa M. M. M.
- Address, 175 Hollard St
- Remarks, B. C.



certificate, between the first and third day of each and every month, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, within the period above specified, except in the cases of the births and deaths of children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 22 Oct.

4. Place of Birth, (Street and Number) 37 Forrest St

5. Full Name of Mother, Rose Stevenson

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Balt.

8. Full Name of Father, Whitfield Stevenson

9. Father's Occupation, Stevedore

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Allig

48 Holladay St

Balt.



RETURN OF A BIRTH.

66951

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
24
1883

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Mulatto

3. Date of Birth

22^d Oct.

4. Place of Birth (Street and Number)

Saratoga St.

5. Full Name of Mother

Martha Murphy

6. Mother's Maiden Name

7. Mother's Birthplace

Ind
John H Murphy

8. Full Name of Father

Whitewasher

9. Father's Occupation

Ind

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

H. W. Ovington M.D.

Address

364 Madison Ave

Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and under the penalties, hereinafter provided, in the case of failure to comply with the provisions of this act, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child 27*

1. Sex, (state whether male or female) *Little Boy*

2. Race or Color, (if not of the white race) *of the race*

3. Date of Birth, *October the 22^d 1883*

4. Place of Birth, (Street and Number) *Baltimore No. 43 Parrel. st.*

5. Full Name of Mother, *Alben Gimmrich*

6. Mother's Maiden Name, *Rebecca Blinck*

7. Mother's Birthplace, *Sharps Ferry*

8. Full Name of Father, *Wesley Blinck*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Frederick County*

Name of Medical Attendant, *Mrs. Miller*
or other Person who makes this Return

Address, *1017 West Pratt st*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66954

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 22nd 1883*
4. Place of Birth (Street and Number) *7 Front Chester St.*
5. Full Name of Mother *Fannie C. Linthicum*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Isaac B. Linthicum*
9. Father's Occupation *Pilot*
10. Father's Birthplace *Maryland* (*Durham C.*)
- Name of Medical Attendant, or other Person who makes this Return. *J. B. Britton M.D.*
- Address *51 So Broadway*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Inez Perego

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child Born Oct 1895

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 22nd 1893

4. Place of Birth, (Street and Number)

112 189 Daphin St Balt^o

5. Full Name of Mother,

Maria Louisa Perego

6. Mother's Maiden Name,

Adams

7. Mother's Birthplace,

Adams Co. Pa.

8. Full Name of Father,

George. Knapp Perego

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who made this Return

Mrs Susan Hunter

Address,

112 21 Poppleton St

Remarks,

[illegible]

66916

Thiel (5.1)

OCT
23
1885

- Female

Wm. A. Glendinning, M.D.

Beverly May

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5 Schulten
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) color
3. Date of Birth, October 22, 1893
4. Place of Birth, (Street and Number) St. Mary St. 16
5. Full Name of Mother, Susan Schulten
6. Mother's Maiden Name, Susan Schulten
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, John W. Schulten
9. Father's Occupation, Carpenter
10. Father's Birthplace, Calvert County Md
Name of Medical Attendant, or other Person who makes this Return, M. J. Schulten
Address, 14 Tanager St. Baltimore
Remarks,

In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the time, and under the penalties, provided in this act, and the provisions of the act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 22nd 1883

4. Place of Birth, (Street and Number)

406 E Madison Street

5. Full Name of Mother,

Alice L Rowe

6. Mother's Maiden Name,

Alice L Worsham

7. Mother's Birthplace,

Pennsylvania Low head

8. Full Name of Father,

Edward C Rowe

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wiley

Address,

No 12 Patterson Park Ave

Remarks,

certificates, between the first and third day of each and every month, to the Board of Health, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person so in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to file a copy of the certificate of birth, in the office of the Registrar, and within the period above specified, except in the cases of the births and deaths of children, and in such cases any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 22nd 1883*
4. Place of Birth, (Street and Number) *20 Patterson Park Ave.*
5. Full Name of Mother, *Christina Wiley*
6. Mother's Maiden Name, *Wheeler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Wiley*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *Ap. L. Wiley*
- Address, *12 Patterson Park Ave.*
- Remarks, _____

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the person so attending to cause the birth to be reported to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October 22/93
4. Place of Birth, (Street and Number) 163 W. 1st St
5. Full Name of Mother, Barbara Kaiser
6. Mother's Maiden Name, Dier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kaiser
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louisa Kraft
- Address, 236 Canton Ave
- Remarks, _____

each case, to be shown by him and every day of each and every month, to the Board of Health. In case the birth of a child is attended by the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, it shall be the duty of such person to report to the Board of Health, in the manner and within the period already provided for, the name of the child, the name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the full name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, the address of the medical attendant, and the date of the report. In case the child is born dead, the name of the child, the name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the full name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, the address of the medical attendant, and the date of the report. In case the child is born alive, the name of the child, the name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the full name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, the address of the medical attendant, and the date of the report. In case the child is born dead, the name of the child, the name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the full name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, the address of the medical attendant, and the date of the report. In case the child is born alive, the name of the child, the name of the mother, the name of the father, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the full name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, the address of the medical attendant, and the date of the report.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1194
9
1883
Seventh
Male
White
Feb 23 1883
69. Clever Street
Mary Louisa Brock
Braunble
Baltimore City
John Teal Brock
Turner
Baltimore City
J. W. Howell M.D.
Baltimore City

certificates, between the first and third day of each and every month, to the Board of Health. In case the medical attendant, or practitioner of midwifery, or physician, or other person who makes this return, should neglect to attend to the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above specified, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 23rd 1883
4. Place of Birth, (Street and Number) 26 Shuter St
5. Full Name of Mother, Maggie Garby
6. Mother's Maiden Name, Moore
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Garby
9. Father's Occupation, Street Paver
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mo. J. Butt
- Address, No 185 E. on Centre or Monument St.
- Remarks, All Well

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

In cases the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of any other person, the parent or persons so neglecting to procure such attendance, shall be liable to a fine of ten dollars, to be subject to a fine of ten dollars, to be recovered as other cases and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 20 1883*
4. Place of Birth, (Street and Number) *# 70 Myrtle*
5. Full Name of Mother, *Marion M. White*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frank White*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. H. Smith*
- Address, *328 E. Baltimore St.*
- Remarks,

RETURN OF A BIRTH,

66764

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct. 23. 1883

4. Place of Birth, (Street and Number)

477 Grandmont. St.

5. Full Name of Mother

Mary A. Thomas

6. Mother's Maiden Name

Elizabeth

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John S. Thomas

9. Father's Occupation

Bookkeeper

Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Edward M. Deville

Address

St. Vincent St.

Remarks

name of the mother of each child or children.

RETURN OF A BIRTH

1696.5

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... Born. 23 of October
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... Colored race
3. Date of Birth,..... October 23
4. Place of Birth, (Street and Number)..... Baltimore 93- plum alley
5. Full Name of Mother,..... Leah Jane Hollie
6. Mother's Maiden Name,..... Leah Jane Green
7. Mother's Birthplace,..... Baltimore
8. Full Name of Father,..... Samuel Hollie
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Kent Island
- Name of Medical Attendant, or other Person who makes this Return...... Annie Johnson
- Address,..... Plum alley 103
- Remarks,

is in, is of the physical condition, whether full term or not, and the name of the parent, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Registrar of Births, and if any person or persons shall hereafter fail to comply with the provisions of this act, he or they shall be liable to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 23rd 1893*

4. Place of Birth, (Street and Number) *St. St. Tolson St.*

5. Full Name of Mother, *Mary Rosenthal*

6. Mother's Maiden Name, *Rosner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Christopher Rosenthal*

9. Father's Occupation, *Turnicker, H. F. G.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Henr. Simon*

Address, *No 45 S. Monmouth St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. 510 Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28th 1883
4. Place of Birth, (Street and Number) 1850 York St.
5. Full Name of Mother, W. E. D. [unclear]
6. Mother's Maiden Name, [unclear]
7. Mother's Birthplace, Academy, Va. [unclear]
8. Full Name of Father, Edw. [unclear]
9. Father's Occupation, [unclear]
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. H. [unclear]
- Address #182 E. [unclear] St.
- Remarks.

66970

BALTIMORE CITY.

First

Female

White

October 23rd

79 Cathedral ch

Mena Packard

Handwinkel

Richmond. Va

Is Puckard to

Lawyer

Virginia

Peggy Bushler

135 St Charles St

of the parents, and the maiden name of the mother of the child to be baptized.

1871
1872

certificates, between such first and last day of each calendar month, to the respective parents or guardian of any child, and if any child shall be born to a mother who is not a resident of this State, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not other person be in attendance upon the mother, immediately thereafter, it shall then become the parental duty and obligation to report to birth to the Board of Health, in this manner, and within the period allowed by law, the name of the child, the date of birth, the sex, the color, and any other facts which may be of value in the identification of the child, and if any parent or person who has heretofore failed to comply with the provisions of this act shall be subject to a fine of not more than ten dollars, and such offense, to be recovered as other fines and penalties are recoverable.

- INC., CITY PRINT, INK AND STATIONERY CO.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *male* *latterey*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *OCT 23rd 1883.*
4. Place of Birth, (Street and Number) *14 North St*
5. Full Name of Mother, *Martha Lawrence*
6. Mother's Maiden Name, *West Hiner*
7. Mother's Birthplace, *Martha Henery*
8. Full Name of Father, *Geo. Lawrence*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Boston City*
- Name of Medical Attendant, *or other Person who makes this Return* *Colin O'H. Proctor*
- Address, *10 Carlton St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 1.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 of October

4. Place of Birth, (Street and Number)

172 Greenmount Ave.

5. Full Name of Mother,

Mary Dolan

6. Mother's Maiden Name,

Mary Kimball

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Salmon Keiper Patrick Dolan

9. Father's Occupation,

Salmon Keiper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Lauer

Address,

173 N. Calver Ave.

Remarks,

Baltimore Md.

1883.

RETURN OF A BIRTH.

66974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 23d 1883*
4. Place of Birth (Street and Number) *No 113 Schroder Street*
5. Full Name of Mother *Mary Emma Murphy*
6. Mother's Maiden Name *Mary Emma Hoffman*
7. Mother's Birthplace *Bellair Harford Co Md*
8. Full Name of Father *Alfred Holland. Murphy*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *H S Bowles M D*
- Address *No 225 W Eutaw St*
- Remarks

RETURN OF A BIRTH

66976

To the Office of Registrar of Vital Statistics, Board of Health.

114

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 23rd

4. Place of Birth, (Street and Number)

No 24 Columbia Ave

5. Full Name of Mother.

Marie Gorney

6. Mother's Maiden Name,

W. Duran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank J. Gorney

9. Father's Occupation,

House Painter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Hargrave

Address,

112 South Street

Remarks,

Is this record, and the name of the mother of each child, or still-born.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Girl

White

October 23, 1883

44 Thames St

Dora Buckley

Dora Margrath

Baltimore

William Buckley

Labour

Baltimore

Mrs Louise Smith

The child name Mary Ann Buckley

every case, between the first and third day of each and every month, to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a person sufficiently qualified to make a return thereon, the parent or other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Board of Health, in the manner, and at the time, and to the person, and under the penalty, provided in and by the act in that behalf made, and any person or persons who shall hereafter fail to comply with the provisions of the act in that behalf made, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 23 the 1883*
4. Place of Birth, (Street and Number) *15 Cambridge st*
5. Full Name of Mother, *Mary Brown*
6. Mother's Maiden Name, *Winkam*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Brown*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Add^{ss}. *No 12 Patterson Park av*
- Remarks:

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 23 the 1893

4. Place of Birth, (Street and Number)

Cannon st No 19

5. Full Name of Mother,

Mary Seitz

6. Mother's Maiden Name,

Bahn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Seitz

9. Father's Occupation,

Stevordore

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, or in a building where the mother is confined, it shall then become the duty of the person so attending, to report the birth of the child, and the name of the mother, and the date of the birth, to the Registrar of Vital Statistics, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

1691

more City.

2

Female

—

October 23/83

183
Aliceau + Louisanna Str

Halbarga Deutsch

Blank

Germany

Joseph Tinsall

Labov

Germany

Mrs. Louisa Kraft

236 Canton Ave.

Remarks, _____

30. CITY EMPLOYERS AND STATIONERS.

RETURN OF A BIRTH

16924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 24th 1903

4. Place of Birth, (Street and Number)

236 Linden St

5. Full Name of Mother,

Alice Robinson

6. Mother's Maiden Name,

Alice Canby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

E. A. Robinson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. H. Williams

Address,

1214 E. Lombard St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 24th 1883

4. Place of Birth (Street and Number)

100 W. Belton St

5. Full Name of Mother

Elizabeth Winkler

6. Mother's Maiden Name

Elizabeth Hoyer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Winkler

9. Father's Occupation

Cooper

10. Father's Birthplace

Kentucky

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Hoffman

Address

343 W. Lombard St

Remarks

RETURN OF A BIRTH

66986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 October 1889

4. Place of Birth, (Street and Number)

Boston street canton

5. Full Name of Mother,

Emma Dough

6. Mother's Maiden Name,

Emma Bye

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William M Dough

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Courlay street

Remarks,

At the foot of this page, and the front of the mother or other person who makes this Return.

timore City.

[illegible]

- U.S. CITY PRINTED AND STATOBER.

certificate, between the first and third day of each and every month to the Board of Health. In case the
attendant, or of a practitioner of midwifery, or
should and there was no person to be
thirty of the period above stated, except in the cases of the births and deaths of illegitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 27th 1883

4. Place of Birth, (Street and Number) 291 S Bond St

5. Full Name of Mother, Lena Guentz

6. Mother's Maiden Name, " Kumpke

7. Mother's Birthplace, City

8. Full Name of Father, Fred Guentz

9. Father's Occupation, Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bost

Address, 120 Bank St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 24 - 1883
4. Place of Birth, (Street and Number) 128 Stewart St.
5. Full Name of Mother Maggie Lightner
6. Mother's Maiden Name Elbert
7. Mother's Birthplace Balto. City
8. Full Name of Father Jos. Lightner
9. Father's Occupation Piano Tapper
10. Father's Birthplace Harvard Co. Mo.
Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
Address H. W. Co. Harrison & Barnette
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

2. Sex, (state whether male or female) Male.

3. Race or Color, (if not of the white race) White.

4. Date of Birth, 24th of October.

5. Place of Birth, (Street and Number) 37 Cedar Street.

6. Full Name of Mother, Mary Hess.

7. Mother's Maiden Name, Johnson.

8. Mother's Birthplace, Pennsylvania.

9. Full Name of Father, John Hess.

10. Father's Occupation, Carpenter.

11. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby.

Address 309 Cathedral Street.

Remarks

RETURN OF A BIRTH 66991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 24th 1883

4. Place of Birth, (Street and Number)

#17 Asquith Street

5. Full Name of Mother,

Louisa Jay

6. Mother's Maiden Name,

Louisa Wake

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Chas E Jay

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Saml B. Powell M.D.

Address,

#29 Asquith St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not where person to be in at bedside upon the mother, immediately thereafter, it shall then become the duty of the person so failing to report the birth to the Board of Health, in the manner, and within the period, above required, except in the case of a child born to a mother who is confined, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
 Female
 White
 Oct 24th 1883
 58th Calhoun St
 Sadie Gallagher
 " March
 Baltimore
 Martin J Gallagher
 Shirt Cutter
 Baltimore
 Theodore Cooke M.D.
 146 Hancock St

certification of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, in the manner and to the effect prescribed in the laws of this State, and within the period allowed by law, any person or persons so failing to comply with the provisions of such statute, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 24, 1883*

4. Place of Birth, (Street and Number) *Albemarle St. No. 94*

5. Full Name of Mother, *Noroline Dicksch*

6. Mother's Maiden Name, *Karoline Krich*

7. Mother's Birthplace, *St. Marysburg, East of Schwarzburg Kreis, Prussia*

8. Full Name of Father, *Georg Dicksch*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baden*

Name of Medical Attendant, or other Person who makes this Return

Address, *Dr. Dallas St. No. 26*

Remarks,

RETURN OF A BIRTH.

6699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 24, 1883

4. Place of Birth (Street and Number)

602 Fifth St

5. Full Name of Mother

Kate Ferguson

6. Mother's Maiden Name

Kate Long

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Wilfred H. Ferguson

9. Father's Occupation

Car Driver

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. George M. D.

Address

110 Lomb Ave

Remarks

Within six days thereafter, making satisfactory return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, of the birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certified to, between the first and third day of each month, the date of the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, or of a midwife, or of a person authorized to perform such duties, and the birth of such child shall be reported to the Board of Health, in the manner, and at the time, and to the person, provided for in the regulations of the Board of Health, and the person or persons so required, except in the case of the birth of a child, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, if such person or persons fail to comply with the provisions of this section, or if such person or persons fail to be revivified as other wise are provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 birth

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

October 24th

4. Place of Birth, (Street and Number)

Wolff st 26

5. Full Name of Mother,

Katie schütz

6. Mother's Maiden Name,

Diety

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph schütz

9. Father's Occupation,

driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Whe

Address,

Maurer

Remarks,

Lombard 278

RETURN OF A BIRTH 16991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 24th Oct.
 4. Place of Birth, (Street and Number) 50 W. Chester
 5. Full Name of Mother, Matilda Rosetta Sherwood
 6. Mother's Maiden Name, Hood
 7. Mother's Birthplace, City
 8. Full Name of Father, William Francis Sherwood
 9. Father's Occupation, Ship Carpenter
 10. Father's Birthplace, City
 Name of Medical Attendant, or other Person who makes this Return, E. P. Irons M.D.
 Address, 375 E. Baltimore St.
 Remarks, Healthy Child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

Colored

Oct 24th 1883

No 7 Greenwillow St

Ann West

Smith

King Georges Ct Va

Johnson

Farmer

King Georges Ct Va

Anni Johnson 94 Lyano St

RETURN OF A BIRTH *67000*

To the Office of Registrar of Vital Statistics, Board, of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Col.

3. Date of Birth,

Oct 24/1883

4. Place of Birth, (Street and Number)

30 Parcel

5. Full Name of Mother,

Ethel Jackson

6. Mother's Maiden Name,

Esther Smith

7. Mother's Birthplace,

MD

8. Full Name of Father,

William J. Jackson

9. Father's Occupation,

Wagon

10. Father's Birthplace,

MD

Name of Medical Attendant,

or other Person who
makes this Return

J. Miller, MD

Address,

188 Franklin

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
22
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 24th 1883

4. Place of Birth, (Street and Number) 208 Front St.

5. Full Name of Mother, Mollie Taylor

6. Mother's Maiden Name, McDevitt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Taylor

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67002

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Oct 25 - 1883
4. Place of Birth (Street and Number) 135 S. Charles St
5. Full Name of Mother Louisa Ward
6. Mother's Maiden Name Barringer
7. Mother's Birthplace Maryland
8. Full Name of Father Wm Ward
9. Father's Occupation Police Off
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Ac A Lewis
- Address 162 Remond St
- Remarks _____

RETURN OF A BIRTH.

67003

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Printed in City of Baltimore, and the name of the mother of such child or children, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Male -
 2. Race or Color (if not of the white race) White
 3. Date of Birth Oct. 25. 1883.
 4. Place of Birth (Street and Number) 238 La Fayette Ave.
 5. Full Name of Mother Kate H. Jordan
 6. Mother's Maiden Name Shaffer
 7. Mother's Birthplace Balto.
 8. Full Name of Father Wm. J. Jordan
 9. Father's Occupation Fruit Packer
 10. Father's Birthplace Balto.
 Name of Medical Attendant, or other Person who makes this Return. John J. King, M.D.
 Address 215 N. Carrollton Ave.
 Remarks

NOV
15
1883

Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, he should on other person be in attendance upon the mother, immediately thereafter, it is the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the persons, provided for by law, and in the cases of the births and deaths of illegitimate children, and any other cases in which the provisions of this section shall be subject to a fine of ten dollars, and such infraction, to be recovered as other fine and penalty are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *male child*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *25, October, 1883*

4. Place of Birth, (Street and Number) *10217 Vincent Alley*

5. Full Name of Mother, *Mary E. Dupont*

6. Mother's Maiden Name, *Cal*

7. Mother's Birthplace, *Calverton, Md*

8. Full Name of Father, *Steven Dupont*

9. Father's Occupation, *Staten man*

10. Father's Birthplace, *Baltimore Md*

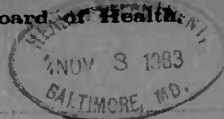
Name of Medical Attendant, *Mary C. Jones*
or other Person who makes this Return

Address, *17 Water Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4!

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

White
Oct 28 / 83
42 W. 1st St
Ella Ewing
Larkin
New York City
Chas Ewing
Carpenter Merchant
Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

A. L. Shier M.D.
307 W. 1st St

For the Public, this is the only valid issue of the Mother or such child of said child.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, or of a midwife, or of a nurse, or of any other person, shall be reported to the Board of Health, in the manner, and at the time, and by the person, or persons, designated in the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

Male

White

October 25th 1888

252 N. Calver St.

Maggie Coltrane

Christ

Balto City

Henry Coltrane

Shoe

Balto City

J. E. Coltrane

100 E. Calver St.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

[illegible]

RETURN OF A BIRTH.

67008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 25th 1883

4. Place of Birth (Street and Number)

23 Stiles Street

5. Full Name of Mother

Louisa Diering

6. Mother's Maiden Name

Louisa Lang

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Conrad Diering

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

A. E. Hooker M.D.

Address

241 E Baltimore St

Remarks

16/1009

2

73

Ferrale

(ice)

Oct 25th 1883

122 Bank St.

Cecilia Mohr

Rissau

City

Arthur Mohr

Paper-hanger

City

Mrs Elizabeth Bess

120 Bank Pk

● 本書は、本書の出版に際して、関係者の皆様から多大の御支援をいただきましたこと、ここに改めて御礼申し上げます。

USA, CITY FIELDS AND STATIONS.

67010

[illegible]

Remarks,

In case the birth of any child shall occur without the attendance of a physician or other person authorized by law, the parent or person having the custody of the child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or ~~female~~)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October, 25

4. Place of Birth, (Street and Number)

44 McKerry St.

5. Full Name of Mother,

Laura P. Henderson Gerber

6. Mother's Maiden Name,

Laura P. Henderson

7. Mother's Birthplace,

Harrisburg, Pa.

8. Full Name of Father,

John A. Gerber

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Washington, D.C.

Name of Medical Attendant,

or other Person who makes this Return

S. B. Bond

Address,

340 Park Ave.

Remarks,

11/15/57

timore City.

3d, &c.) 5

Male

11-11-11

Oct 25th / 1853

20 174 So Broadway

Anna C. Simons

11. C. H. Linger

C. 10

Charles Sincenwald

Hatte.

C/ky

or other Person who
makes this Return

Mrs E Elizabeth Bell

120 Back of

ALL THE FINEST AND STATIONERY.

place of his birth, and the said certificate shall be returned, duly signed by the medical officer, at the time of the birth of any child, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the medical officer shall be bound to attend upon the mother, and to make a certificate of the birth of the child, and to return the same to the Board of Health, in the manner and within the period above prescribed, except in the cases of the birth and death of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. E 7013

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 25th 1883
4. Place of Birth, (Street and Number) 74 Bank St.
5. Full Name of Mother, Mary Rachelman
6. Mother's Maiden Name, Turnbull
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Rachelman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs E. Elizabeth Belk
- Address, 120 Bank St.
- Remarks, _____

certification, between the first and third day of each and every month to the Board of Health. In case the physician, or other person, without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person, shall be in a position to report the birth of a child, he or she shall be under the duty of the board or persons to such child to report its birth in the Board of Health, in the manner prescribed, within the period of time specified, except in the cases of the births and deaths of illegitimate children, and in any person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to such other penalty as may be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17014

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 25 1883

4. Place of Birth, (Street and Number)

241 N. Ave. St.

5. Full Name of Mother,

Emma J. Green

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benj. T. Green

9. Father's Occupation,

Clerical

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 256 W. Longfellow St

Remarks,

RETURN OF A BIRTH *67015*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 25th 1883*
4. Place of Birth, (Street and Number) *172 Peirce St*
5. Full Name of Mother, *Rosa Lober*
6. Mother's Maiden Name, *Rosa Lober*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jacob Bender*
9. Father's Occupation, *Coach Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *A. Taylor Norris, M.D.*
- Address, *Parents are unmarried.*
- Remarks.

In case the certificate, between the first and third day of each and every month to the Board of Health. If a practitioner of midwifery, or birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, it shall then become the duty of the practitioner of midwifery, or of a practitioner of medicine, to attend upon the mother, immediately thereafter, and to make a return of the birth of such child, within the period above required, except in the case of the birth and death of a child, in which case the return shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25th of October 1883*

4. Place of Birth, (Street and Number) *29 South Mall Street*

5. Full Name of Mother, *Emma Reice*

6. Mother's Maiden Name, *Emma Reice*

7. Mother's Birthplace, *Frostburg Md.*

8. Full Name of Father, *William Reice*

9. Father's Occupation, *Laborman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Cecilia Kunkel*

Address, *77 North Chapel St. for Justina Kunkel*

Remarks, *Healthy*

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly licensed nurse, the mother shall be liable to a fine of ten dollars, and the physician, or practitioner of midwifery, or nurse, shall be liable to a fine of ten dollars, and the provisions of this section shall be enforceable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Female
White
Oct 25 1883
21 Jackson Place
Anna W. Stallort
" " Knobel
German
John C. Stallort
Leather Binder
German
Theodore Cooke M.D.
146 Hancock St

H 4
t. 7019

imore City

124
Hale
White

White

25/5/53

308 Junk

Allen S. Boyd

Handwritten signature

Patience
me - A Band

Bookkeeper.

Baltimore

Mr Cooke Mh

Hanover St.

Frederic Cooke Vth Bnd 43
146 Hanover St.

— COAL, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH *67020*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 25th 1883*

4. Place of Birth, (Street and Number) *72 Courtland St*

5. Full Name of Mother, *Elizabeth Teresa McDermott*

6. Mother's Maiden Name, *" " Culverwell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Carroll McDermott*

9. Father's Occupation, *Police Officer*

Father's Birthplace, *Howard County, Md*

Name of Medical Attendant,

or other Person who
makes this Return

Mr. Emily B. Johnson

Address, *No 28 W. Linn St*

Remarks,

See, (a or their physical condition, whether children or not, the full name of the mother of such child or children.)

hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Oct 25/83
4. Place of Birth (Street and Number) Reynolds St. Wilson St
5. Full Name of Mother Rebecca Johnston
6. Mother's Maiden Name Rebecca Williams
7. Mother's Birthplace Virginia
8. Full Name of Father George Johnston
9. Father's Occupation Laborer
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. No physician
- Address 330 Penna Ave.
- Remarks

of the parents, and the maiden name of the mother of such child or children,"

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 25th*

4. Place of Birth, (Street and Number) *#40 Fairmount Ave.*

5. Full Name of Mother, *Ellen Ann Long*

6. Mother's Maiden Name, *Love*

7. Mother's Birthplace, *Harford Co. Md.*

8. Full Name of Father, *Cornelius Long*

9. Father's Occupation, *Whip Maker*

Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this return *E. P. Gross M.D.*

Address, *#175 E. Balto. St.*

Remarks, *Healthy Child*

RETURN OF A BIRTH, 6702³

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 25th 1883
4. Place of Birth, (Street and Number) No 752 Hanover St
5. Full Name of Mother Barbery Burdell
6. Mother's Maiden Name Barbery Kline
7. Mother's Birthplace Maryland
8. Full Name of Father George Burdell
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Johns General Medical
- Address No 314 Fort Avenue
- Remarks mother and child doing well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificate, between the first and third day of each and every month, to the Board of Health, in cases the child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by a physician, or of a practitioner of midwifery, shall then become the duty of the parent or guardian of such child to report its birth to the Board of Health, and to file a true and correct copy of this certificate, except in the cases of the births and deaths of illegitimate children, and to a firm of ten dollars for each failure, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th October 1883.*
4. Place of Birth, (Street and Number) *87. Essex.*
5. Full Name of Mother, *Adelle Winkelmanson*
6. Mother's Maiden Name, *Hatchians*
7. Mother's Birthplace, *Baltimore County.*
8. Full Name of Father, *Frederick Winkelmanson*
9. Father's Occupation, *Mate on the Tugboat.*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No. 12 Patterson Park Ave.*
- Remarks.

certificate, between the first and third day of each and every month to the Board of Health. In case the parent or guardian of the child, or the person in whose household the child is born, shall neglect to perform the duty of the parent or guardian, or shall neglect to report the birth of the child to the Board of Health, in the manner, and within the period as required, except in the cases of the births and deaths of illegitimate children, and any person found guilty of such offence, or who is recovered as either fine and penalties are recoverable to a fine of ten dollars, or to a term of imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 25 1888

4. Place of Birth, (Street and Number) 444 Gayton Av

5. Full Name of Mother, Sarah Schnide

6. Mother's Maiden Name, Sarah Francke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schnide

9. Father's Occupation, Black Smith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm B Gray

Address, 193 Chester St

Remarks, _____

certificate, between the first and third day of each and every month, to the Registrar of Births, in the form of a certificate, and the Registrar of Births shall be responsible for the same. If the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by law to attend births, it shall then become the duty of the mother, or of the father, or of the person attending the birth, to procure a certificate from the Registrar of Births, within the period of ten days after the birth, and to file the same with the Registrar of Births, and to pay to him the fee of ten cents for each certificate. If the mother, or the father, or the person attending the birth, shall fail to comply with the provisions of this section, he shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Marie Frederick Schaefer Jr.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 20th 1880*

4. Place of Birth, (Street and Number) *# 40. Sharp st.*

5. Full Name of Mother, *Elizabeth Schaefer*

6. Mother's Maiden Name, *(Schaefer) Kimmeling*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Schaefer*

9. Father's Occupation, *Trainer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary H. H. H.*

Address, *# 322 f. Euter*

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH 17030

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 26th 1883

4. Place of Birth, (Street and Number)

161 N Lombard - Maternity

5. Full Name of Mother,

Mary Connelley

6. Mother's Maiden Name,

Maryland

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

E. F. Waddle M.D.

Address,

161 N Lombard

Remarks,

RETURN OF A BIRTH

67031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

101
2
1983

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 Oct 1883

4. Place of Birth, (Street and Number)

129 Division St

5. Full Name of Mother,

Margrath Kelelee

6. Mother's Maiden Name,

Margrath Haylen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Kelelee Kelelee

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs A Mesenzehl

Address,

345

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *26th of October.*
4. Place of Birth, (Street and Number) *138 Druid Hill Ave.*
5. Full Name of Mother, *Mary Frederick.*
6. Mother's Maiden Name, *M. Williams.*
7. Mother's Birthplace, *Talbot County.*
8. Full Name of Father, *Charles Frederick.*
9. Father's Occupation, *Ice Dealer.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby.*
- Address, *369 Cathedral Street.*
- Remarks,

RETURN OF A BIRTH

17033

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 26, 1883

4. Place of Birth, (Street and Number)

55 S High street

5. Full Name of Mother,

Mrs. Kate Fowler

6. Mother's Maiden Name,

Gorman

7. Mother's Birthplace,

Canada

8. Full Name of Father,

William Fowler

9. Father's Occupation,

Carpenter

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Dr. H. A. Hahn

Address,

76 N. Broadway

Remarks,

RETURN OF A BIRTH

67034

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

20.

OCT
29
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 26

4. Place of Birth, (Street and Number)

2195 Fremont

5. Full Name of Mother,

May Decker

6. Mother's Maiden Name,

May Stephens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Milton Decker

9. Father's Occupation,

Railroad Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

G. W. Ames M. D.

Address,

Remarks,

RETURN OF A BIRTH *17030*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 20

4. Place of Birth, (Street and Number)

28 Little Street

5. Full Name of Mother,

Ellen Miller

6. Mother's Maiden Name,

Ellen Green

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rev. Miller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

G. H. Adams, M. D.

Address,

Remarks,

RETURN OF A BIRTH

17036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
29
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26th October

4. Place of Birth, (Street and Number)

124 Somerset Street

5. Full Name of Mother,

Rosa Dillmann

6. Mother's Maiden Name,

Rosa Sachs

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Dillmann

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Christina Lauer

Address,

173 Maryland

Remarks,

Balt. Md. 1883

RETURN OF A BIRTH 67027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct 28th 1883

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 26th 1883.
4. Place of Birth, (Street and Number) 46 S. Wolfe St.
5. Full Name of Mother, Helen Camonskin.
6. Mother's Maiden Name, Helen Kaucinska.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Joseph Camonski.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
11. Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend.
- Address, 137 S. Wolfe Street.
- Remarks, H.

Birth of any child shall be reported to the Registrar of Vital Statistics, or of a practitioner of medicine, or of a midwife, or of a physician, or of a nurse, or of a person who has charge of the child, within the time specified in the regulations, and the person so reporting shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 October

4. Place of Birth, (Street and Number) 76 Forest St

5. Full Name of Mother, Bessie Goodman

6. Mother's Maiden Name, Cohen

7. Mother's Birthplace, Poland

8. Full Name of Father, Abraham Goodman

9. Father's Occupation, Liquor Store

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Mellig

Address, 78 Halland St

Remarks, Balt.

should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, herein provided for the reporting of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd
4
Female
White
Oct 26th 1883
159. Carey St
Sarah A. Jones
" " Dolt
Baltimore
John C. Jones
W. Conlode
Baltimore
Theodore Cooke M.D.
per 103

RETURN OF A BIRTH, 67040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 26th 1883
4. Place of Birth, (Street and Number) No 225 Johnson st
5. Full Name of Mother Catherine Rupert
6. Mother's Maiden Name Catherine Bucholt
7. Mother's Birthplace Maryland
8. Full Name of Father Dr. Franklin Rupert
9. Father's Occupation Doctor
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Larnat mid wife
- Address No 317 Fort Avenue
- Remarks mother and child doing well

name of the mother of each child or children.

RETURN OF A BIRTH *67041*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

~~White~~ Colored

3. Date of Birth,

Friday Oct 26th 1883

4. Place of Birth, (Street and Number)

272 North Eutaw St

5. Full Name of Mother,

Annie Pipes

6. Mother's Maiden Name,

Annie Govans

7. Mother's Birthplace,

Baltimore county

8. Full Name of Father,

Gabriel Pipes

9. Father's Occupation,

Driver

10. Mother's Birthplace,

Eastern Shore Maryland

Name of Medical Attendant,

or other Person who
makes this Return

Wm Johnson

Address,

64. Tyson Street

Remarks,

RETURN OF A BIRTH *67042*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. ☒ Male, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
Oct. 26, 1893
100. Johnson
Annie C. Connor
Annie C. Colwell
Baltimore
J. E. Connor
Miller
Elkridge Landing
Mrs. Ann Nash

RETURN OF A BIRTH, 67043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 27 Oct- 1883 Balt- Md
4. Place of Birth, (Street and Number) 69 Light Street
5. Full Name of Mother Sarah J Morrison
6. Mother's Maiden Name Sarah J Leashin
7. Mother's Birthplace Baltimore
8. Full Name of Father James Morrison
9. Father's Occupation Seaman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Edw. J. Donaldson
- Address No 10 Barnett St
- Remarks Mother in delicate health suffering with the dropsy

RETURN OF A BIRTH, 67044

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Baltimore 27 Oct- 1883
4. Place of Birth, (Street and Number) Baltimore Fort Avenue 444
5. Full Name of Mother Emma Kelscher
6. Mother's Maiden Name Emma Conway
7. Mother's Birthplace Baltimore
8. Full Name of Father William Kelscher
9. Father's Occupation Boiler maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson
- Address 2116 Barnett St
- Remarks Child very poorly mother doing well

RETURN OF A BIRTH 67045

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27th October 1883*

4. Place of Birth, (Street and Number) *No 45 Lane Street*

5. Full Name of Mother, *Ester Jacob Jacob*

6. Mother's Maiden Name, *Ester Hotel Cordel*

7. Mother's Birthplace, *Russian Poland*

8. Full Name of Father, *Jacob Jacob*

9. Father's Occupation, *Russian Polish Tailor*

10. Father's Birthplace, *Russian Poland*

Name of Medical Attendant,

or other Person who makes this Return

Wendell Kniff Johnson

Address, *22 N. E. 1st St.*

Remarks,

RETURN OF A BIRTH

67046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
NOV 3 1893
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 27th, 1893

4. Place of Birth, (Street and Number)

189 William St

5. Full Name of Mother,

Emma H. Gadd

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Somerset Co, Ind

8. Full Name of Father,

Hesley Frank Gadd

9. Father's Occupation,

Shoe-maker

10. Father's Birthplace,

Baltimore, Ind.

Name of Medical Attendant, or other Person who makes this Return.

Robert S. Rowe, M.D.

Address,

338 Light St.

Remarks,

of the parents, and the maiden name of the mother, and the date of birth of the child.

RETURN OF A BIRTH

7047

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

October, 27th 1888.

4. Place of Birth, (Street and Number)

50 Pearl St.

5. Full Name of Mother,

Baner Kremer.

6. Mother's Maiden Name,

Grafpe.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Lauren T. Kremer.

9. Father's Occupation,

Saloon -

10. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

R. J. W. Tall. & D.

Address,

152 Sharp St.

Remarks,

Birth of any child shall occur without the attendance of a physician or of a qualified person, or if a physician or qualified person be in attendance upon the mother, immediately thereafter, it shall be the duty of such child to report its birth to the Board of Health, in the manner, and within the period above required, and if any person or persons shall hereafter fail to comply with this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

October 21th

4. Place of Birth, (Street and Number)

no 32 elbow lane

5. Full Name of Mother,

anna johnson

6. Mother's Maiden Name,

anna burns

7. Mother's Birthplace,

north thurblen court

8. Full Name of Father,

samuel johnson

9. Father's Occupation,

water

10. Father's Birthplace,

queensnans court

Name of Medical Attendant, or other Person who makes this Return

mrs Lydia Potter

Address,

no 4 popple avenue

Remarks,

healthy child

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 27th 1883

4. Place of Birth (Street and Number)

232 Hoffman St

5. Full Name of Mother

Annice Jane Granger

6. Mother's Maiden Name

Saunders

7. Mother's Birthplace

Charlottesville, Va

8. Full Name of Father

Edward Wilson Granger

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas C Price M.D.

Address

262 Madison Ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6705a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth *Oct 27th 1883*
4. Place of Birth (Street and Number) *150 N. Canton St*
5. Full Name of Mother *Lizzie Agnes Coss*
6. Mother's Maiden Name *Hayes*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Albert G. Coss*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. L. Price M.D.*
- Address *262 Madison Ave*
- Remarks _____

RETURN OF A BIRTH 67051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct-27 1883.

4. Place of Birth, (Street and Number)

281 N. Fayette.

5. Full Name of Mother,

Ada M. J. Louis

6. Mother's Maiden Name,

Hucksoll

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry J. Louis.

9. Father's Occupation,

Box Maker.

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

Dr. Morzaw

Address,

119 W. Monumental St.

Remarks,

RECEIVED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, ON THE 11th DAY OF NOVEMBER 1883.

RETURN OF A BIRTH 67052

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *2^d Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 27, 1883*
4. Place of Birth, (Street and Number) *58 Argyre Avenue*
5. Full Name of Mother, *Lydia E. Miller*
6. Mother's Maiden Name, *Williamson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *C. E. Miller*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Marbury, Therman M. D.*
or other Person who makes this Return
- Address, *68 W. Calhoun St.*
- Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NO. 3
1883

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 27th 1883

4. Place of Birth, (Street and Number)

413 Franklin St.

5. Full Name of Mother,

Eliza H. H. H.

6. Mother's Maiden Name,

T. H. H.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. H. H.

9. Father's Occupation,

Gasfitter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who
makes this Return

Dr. H. H. H.

Address,

182 E. Main St.

Remarks,

condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67054

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 27th 1883

4. Place of Birth, (Street and Number)

51 Harmon St.

5. Full Name of Mother

Ambert J. Gladding

6. Mother's Maiden Name

Trader

7. Mother's Birthplace

Va

8. Full Name of Father

Michael W. Gladding

9. Father's Occupation

Comm. Merchant

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

N. W. Cor. Harmon & Bond Sts

Remarks

RETURN OF A BIRTH

67055

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct-27th 1883

4. Place of Birth, (Street and Number)

256 W. Dallas St.

5. Full Name of Mother,

Augusta Soliwanebeck

6. Mother's Maiden Name,

" Bluge

7. Mother's Birthplace,

Berlin, Pr.

8. Full Name of Father,

John Soliwanebeck

9. Father's Occupation,

Tanner

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return

Regina H. Winter

Address,

186 Hartford Ave

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to make a return of the birth of such child, in the manner and within the time herein provided, and any person or persons who shall fail hereafter to comply with the provisions of this act shall be subject to a fine of ten dollars, which offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Octob. 27th 1883.
160 Columbia St.
Mary M. Lettitt,
Katy M. Shaffer,
Baltimore City
Alexander S. Lettitt,
Painter,
Baltimore City.
John L. C. Wright, M.D.
213 Lexington St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
30
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *20th October.*
4. Place of Birth (Street and Number) *Baltimore - No 370 Cross Street.*
5. Full Name of Mother *Annie Jones.*
6. Mother's Maiden Name *Annie Walters.*
7. Mother's Birthplace *Calvert County Md*
8. Full Name of Father *Enoch Walters.*
9. Father's Occupation *Stebilo*
10. Father's Birthplace *Prince Georges Co*
- Name of Medical Attendant, or other Person who makes this return *Catharine Jones*
- Address *370 Cross Street*
- Remarks *+*

RETURN OF A BIRTH

1908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 27th Oct.
 4. Place of Birth, (Street and Number) 413 E. Lombard St.
 5. Full Name of Mother, Ida Ernest Power
 6. Mother's Maiden Name, Kessels
 7. Mother's Birthplace, City
 8. Full Name of Father, Charles Howard Power
 9. Father's Occupation, Apothecary
 10. Father's Birthplace, City
 Name of Medical Attendant, or other Person who makes this Return Dr. P. Cross M.D.
 Address 275 E. Baltimore St.
 Remarks Healthy Child

any person or persons who shall fail to comply with the provisions of this act, or who shall fail to pay the fine or to appear in court to answer the charge, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who shall fail to comply with the provisions of this act, or who shall fail to pay the fine or to appear in court to answer the charge, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *White Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 27th*
4. Place of Birth, (Street and Number) *No 215 S. Ann St.*
5. Full Name of Mother, *Lizzie Schimpf*
6. Mother's Maiden Name, *Lizzie Quentel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Schimpf*
9. Father's Occupation, *Labor work*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Sophia Simon*
- Address, *No 70 Granby St.*
- Remarks,

RETURN OF A BIRTH

67060

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1903

4. Place of Birth, (Street and Number)

110 E. Lombard St.

5. Full Name of Mother,

Margaret M. M. M.

6. Mother's Maiden Name,

Margaret M. M.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry H. H.

9. Father's Occupation,

Superintendent National Museum

Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

John M. M.

Address,

No. 1, Cathedral St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64051

1111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 27th 1883*
4. Place of Birth (Street and Number) *660 Jaratoga St*
5. Full Name of Mother *Ellen Griffiths Burke*
6. Mother's Maiden Name *Ellen Griffiths*
7. Mother's Birthplace *Lord Geo' Pennsylvania*
8. Full Name of Father *William Burke*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *J. O. Timmer M.D.*
- Address *41 W. Lombard St*
- Remarks

RETURN OF A BIRTH

17062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 of October

4. Place of Birth, (Street and Number)

523 St. Gay St.

5. Full Name of Mother,

Kate E. Keitdorf

6. Mother's Maiden Name,

Kate E. Moulbough

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William H. Keitdorf

9. Father's Occupation,

Carver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary Walter

Address,

120 N. Caroline St.

Remarks,

RETURN OF A BIRTH

67063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *OCT. 28*
4. Place of Birth, (Street and Number) *592 W. Fayette*
5. Full Name of Mother, *Mrs. Ida Shipley*
6. Mother's Maiden Name, *" Cheney*
7. Mother's Birthplace, *Reisterstown Balto Co Md*
8. Full Name of Father, *John Shipley*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Howards Co*
- Name of Medical Attendant, or other Person who makes this Return. *T. Chew Worthington*
- Address, *373 W Fayette St.*
- Remarks,

RETURN OF A BIRTH, *October*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *28th October 1891*

4. Place of Birth, (Street and Number) *Baltimore 69 Byrd St*

5. Full Name of Mother *Mary Lunscher*

6. Mother's Maiden Name *Mary Robinson*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Joseph Lunscher*

9. Father's Occupation *Bricklayer*

Father's Birthplace *Baltimore*

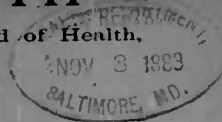
Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Donaldson*

Address *No 11 Barnett St*

Remarks *B. H. Doing Well.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, etc.)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

Oct 28/1883

No. 207 Pierce Str

Katie Frank

" Horpel

Baltimore

Charles William Frank

Clerk

St Louis Mo

Susan Hunter

21 N Papperton St

to the Registrar, for the maiden name of the mother or such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *67066*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

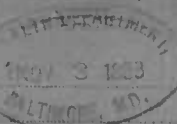
*to 7
Male
White*

Oct. 28th

*No 1423 E Ball
Mary L Linnard Swift
Mary L Linnard*

*Jas H. Swift
Confederates
Balt.*

Wm Whidge



RETURN OF A BIRTH

67067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
1883

1. ☒ of Child of Mother, (state whether 1st, 2d, 3^d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
October 28/83

* 378 Hollins St

Emma J. Stout

" " Husky

Baltimore
born W. Stout

Clerk

Baltimore

A. L. Slaughter

387 W. Lombard St

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 May 1883

4. Place of Birth, (Street and Number) 25 Washington road

5. Full Name of Mother, Emma Arthur

6. Mother's Maiden Name, Emma Karmick

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm. Arthur

9. Father's Occupation, Mechanic

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, May E. Smith

Address, _____

Remarks, Child living

With this return you must forward a separate statement for each child, giving the name of the child, the date of birth, the sex, the race or color, the date of death, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents to cause the birth to be registered in the office of the Registrar of Vital Statistics, and any person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten dollars.

61 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1.)*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 28 - 1893.

4. Place of Birth, (Street and Number)

156 Chew St

5. Full Name of Mother,

Louise Konikohan

6. Mother's Maiden Name,

" Par

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christoph Konikohan

9. Father's Occupation,

Labor

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No 20, Barnes St

Remarks,

NOV
22
1893

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 28, 1883

4. Place of Birth (Street and Number)

E. Monument St

5. Full Name of Mother

Blanche R. Andrew

6. Mother's Maiden Name

Blanche R. Stollinghead

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Thomas Andrew

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes the Return.

T. Dougherty M.D.

Address

15 Fairmount Ave

Remarks

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the nearest health officer, in the manner, and within the period, prescribed by the provisions of this section, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Female
White
Oct 28th 1883
87 Calverly Ave
Fannie Mayfield
" " " " " " " "
Baltimore
Louis Mayfield
Salem
Baltimore
Proctor Cooke & Co
146 Hancock St

NOV
3
1883

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by any other person, the mother, immediately thereafter, shall then become the duty of the person so attending to procure a return of the birth, and to forward the same to the Registrar of Vital Statistics, Baltimore City, who shall forward the same to the Registrar of the State, and in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Crossed

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 28/1113

4. Place of Birth, (Street and Number)

213 N. Calver St.

5. Full Name of Mother,

Harriet Hood

6. Mother's Maiden Name,

Farris

7. Mother's Birthplace,

N. York

8. Full Name of Father,

Charles Hood

9. Father's Occupation,

Chief Clerk

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mary A. Munnell

Address, 250 N. Long St.

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 67072

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 24th 1882

4. Place of Birth, (Street and Number) # 87 J. Bond st

5. Full Name of Mother, Carantine Anderson

6. Mother's Maiden Name, "Hend

7. Mother's Birthplace, San Francisco Cal.

8. Full Name of Father, H. V. Anderson

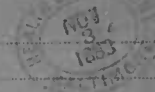
9. Father's Occupation, Quarantine Stationer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address, Mary Stein

Remarks, 121 E. Pratt st



In case the birth of any child shall be reported to the Board of Health, it shall be the duty of the parent or person in attendance upon the mother, immediately thereupon, to report the same to the Board of Health, in the manner, and within the period also provided, except in the cases of the birth of illegitimate children, and in such cases, the parent or person in attendance upon the mother, shall be liable to a fine of ten dollars for each such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *October 28th 1883*
4. Place of Birth, (Street and Number) *No. 324 Mosher St.*
5. Full Name of Mother, *Mary F. Faller*
6. Mother's Maiden Name, *Mary Keith*
7. Mother's Birthplace, *Yorktown Pennsylvania*
8. Full Name of Father, *George Faller*
9. Father's Occupation, *Employed by City, &c.*
10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. L. Hunter*
- Address, *1805 S. Howard*
- Remarks,

In case the birth of any child shall occur without the attendance of a physician, or other person, it shall be the duty of the parent or person in whose household the child is born, to report its birth to the Board of Health, in the manner, and at the time, and to the person, hereinafter provided, and to a fine of ten dollars for each offense, to be recovered as other alien and poor are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th 1882

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 28th 1883

4. Place of Birth, (Street and Number) No 75 Harrison St

5. Full Name of Mother, Raduine Bunker

6. Mother's Maiden Name, Anna Pick

7. Mother's Birthplace, Hessia

8. Full Name of Father, Joseph Bunker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return Wm R. H. H. H.

Address. 48 Hollander St Baltimore

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 28th 1883

4. Place of Birth, (Street and Number)

71 St Peter St

5. Full Name of Mother,

Annie Richter

6. Mother's Maiden Name,

Annie Stevens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo Richter

9. Father's Occupation,

Moulder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Geo R. Graham M.D.

Address,

136 Columbia Ave

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

6.7077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or childreo."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 28" 1883

4. Place of Birth, (Street and Number)

71 St Peter St

5. Full Name of Mother,

Annie Richter

6. Mother's Maiden Name,

Annie Stevens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo Richter

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D

Address,

136 Columbia Ave

Remarks,

RETURN OF A BIRTH

67079

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

7

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 28 - 1893

4. Place of Birth, (Street and Number)

No. 82 Union st

5. Full Name of Mother,

Mary Wolf
Leitz

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

George Wolf

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

E. Schmitt

Address,

No 348 Penn Ave.

Remarks,

RETURN OF A BIRTH

67080

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
29
1880

At the birth of the child, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~Oct 28~~ 4th

Sex, (state whether male or female)

Female - Emma May

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 28,

4. Place of Birth, (Street and Number)

121. St. Charles

5. Full Name of Mother,

Jennie

Jennie Bennett

6. Mother's Maiden Name,

W. Wilson

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

L. J. Bennett

9. Father's Occupation,

Telegraph Operator

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

G. W. Ames M.D.

Address,

Remarks,

RETURN OF A BIRTH

f7081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. October 28th 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, October 28th 1883.

4. Place of Birth, (Street and Number) 378 Alice Anna St.

5. Full Name of Mother, Louisa Nicol.

6. Mother's Maiden Name, Louisa Metz.

7. Mother's Birthplace, America.

8. Full Name of Father, Charles Nicol.

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, CP

of the parents, and the maiden name of the mother of such child or children."

certification, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report his birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of a legitimate child, and in any person or persons shall hereafter fail to comply with the provisions of this act, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 28th 1882
4. Place of Birth, (Street and Number) N^o 114 W. Pratt st
5. Full Name of Mother, Caroline E. Summler
6. Mother's Maiden Name, " " Klein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Summler
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Summler
- Address, N^o 60 North Schroeder
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17082

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 28th 1883*

4. Place of Birth (Street and Number) *116 Hamilton*

5. Full Name of Mother *Annie Ray*

6. Mother's Maiden Name *" Belle*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *George Ray*

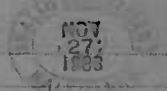
9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *O. C. Brooke M.D.*

Address *110 Fort Ave*

Remarks



71021
Hinson City

timore City.

2. 2. 1.

Kate

Oct 28th 1893

Ch. 74 Penna Ave,

Esauie Hain

Emily Matheson

Bathurst Med.

John Hays

Confession

Bath.

or other Person who
makes this Return

Mrs. M. Dummer

Return to
60 North Shroder St.

NAME OF THE FLEET-TYPE AND STATIONING:

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

6/10/83

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 28th 83*
4. Place of Birth (Street and Number) *185 W. Biddle St*
5. Full Name of Mother *Minnie Grudley*
6. Mother's Maiden Name *Minnie Hunt*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry W. Grudley*
9. Father's Occupation *Lt Col. U.S. Army*
10. Father's Birthplace *Philadelphia*
Name of Medical Attendant, or other Person who makes this Return. *E. G. Welch M.D.*
Address *51 N. Calvert St*
Remarks *Baltimore*
Ind

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

67089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
11

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Coloured

3. Date of Birth

Oct 28th /88

4. Place of Birth (Street and Number)

Hamburg st no 207 Balto

5. Full Name of Mother

Lizzie Liles

6. Mother's Maiden Name

Lizzie Tyler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Tyler

9. Father's Occupation

Oyster House

10. Father's Birthplace

Charles Co

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

RETURN OF A BIRTH 67091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 of October 1891

4. Place of Birth, (Street and Number)

177 Avenue of Grace, G. G. G. G. G.

5. Full Name of Mother,

Maggie Parigony

6. Mother's Maiden Name,

Maggie Lynch

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm. Parigony

9. Father's Occupation,

Barber

10. Father's Birthplace,

France

Name of Medical Attendant, or other Person who makes this Return

Mrs. Christina Lauer

Address,

173 Oxford Ave.

Remarks,

Baltimore Md.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67092*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Male

3. Date of Birth,

Oct 22 1882

4. Place of Birth, (Street and Number)

71 cross st

5. Full Name of Mother,

Jennie Treaster

6. Mother's Maiden Name,

" " Cullison

7. Mother's Birthplace,

Harford co Md

8. Full Name of Father,

Robert A Treaster

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Thos Ann Hash

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67093

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Octob 28

4. Place of Birth (Street and Number)

141 Mulberry

5. Full Name of Mother

Lizzie

Ludwig

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Harry J. Kiel

Bald

9. Father's Occupation

Feed ~~horses~~

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return

Dr. Horace S. M.D.

Address

137 Mayotte

Remarks

RETURN OF A BIRTH *67094*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct-29th 1883

4. Place of Birth, (Street and Number)

Pont-Lane W. Ridgely St

5. Full Name of Mother,

Margaret Cox

6. Mother's Maiden Name,

Waller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

D. S. Cox

9. Father's Occupation,

laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingsley

Address,

26 E. E. Weston St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the mother or other person in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report the birth of the child, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person who fails to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 29, 1883.

4. Place of Birth, (Street and Number)

449 E. Baltimore St.

5. Full Name of Mother,

Abie May Moore

6. Mother's Maiden Name,

Abie May Brown

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George W. Moore

9. Father's Occupation,

Optic Painter

10. Father's Birthplace,

Maryland

Name of Medical Attendant,

or other Person who makes this Return

J. W. Houchard MD

Address,

75 E. Baltimore St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st -

1. Sex (state whether Male or Female)

Female -

2. Race or Color (if not of the white race)

White

3. Date of Birth

OCT. 29 1883 -

4. Place of Birth (Street and Number)

210 W. Carey St -

5. Full Name of Mother

Sallie A. B -

6. Mother's Maiden Name

Remondts

7. Mother's Birthplace

Washington D. C

8. Full Name of Father

Wm. R. Brewer -

9. Father's Occupation

clerk -

10. Father's Birthplace

Annapolis Md -

Name of Medical Attendant, or other person who makes this Return.

R. H. Goldsmith -

Address

Hudson av. Calhoun St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV 3 1883
BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address,

Remarks,

Female
White

29 Oct 1883

199 Bluminda St.

Mrs Hester A. Meyers
Miss Hester A. Matthews

Harpers Ferry

Mr Chas L Meyers

Dress

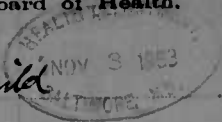
Baltimore, Md

Mrs. Hunter

21 No Poppleton St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. 2nd child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

29th Oct

4. Place of Birth, (Street and Number)

Balto No 131 N. Dallas st

5. Full Name of Mother,

Alice Owens

6. Mother's Maiden Name,

Alice Cooper

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John C. Owens

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who makes this Return

Annie Dunkin

Address,

122 N. Dallas st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

OCT 27 1883

4. Place of Birth, (Street and Number)

576 W. Fayette

5. Full Name of Mother,

Annie Litzgow

6. Mother's Maiden Name,

" Casey
Ireland

7. Mother's Birthplace,

8. Full Name of Father,

Emil Litzgow

9. Father's Occupation,

Merchant

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H. Lupton
1 Waverly Avenue

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur on the first or third day of any month, the duty of the medical attendant, or any person or persons, shall be to report the birth of such child to the Board of Health, in the manner and within the period above specified, and shall also report the death of any child, and any other information to a line of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 29th 1883*
4. Place of Birth, (Street and Number) *No 512 1/2 Esquith St.*
5. Full Name of Mother, *Amelia Krainer*
6. Mother's Maiden Name, *Amelia Benutka*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Charles Krainer*
9. Father's Occupation, *Clark*
10. Father's Birthplace, *Balto.*

Name of Medical Attendant,

or other Person who makes this Return

W. A. Butt.

Address, *No 185 SE. cor. Central av. & Monument St.*

Remarks, *All Well*

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, to attend to the birth of children, the mother, and the father, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *October 29th. 1883*
4. Place of Birth, (Street and Number) *No. 3 St. James St.*
5. Full Name of Mother, *Lizzie Krainer*
6. Mother's Maiden Name, *Lizzie Dosh*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Krainer*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *M. A. Bull.*
- Address, *No. 185 L.C. cor Central av.*
- Remarks, *All well*

RETURN OF A BIRTH

67104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ..

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the other person be in at a distance upon the mother, immediately thereafter, it shall then become the duty of the person so required, except in the cases of the births and deaths of children, in the manner, and within the period, as above required, to send a certificate of the birth and death of the child, to the Board of Health, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 87105

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second -*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 29 - 1883*
4. Place of Birth, (Street and Number) *39 Monroe St*
5. Full Name of Mother, *Fannie G. Estep*
6. Mother's Maiden Name, *Fannie G. Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *H. Morton Estep*
9. Father's Occupation, *Bookman of Books*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *B. L. Phillips M.D.*
- Address, _____
- Remarks, _____

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

1706

152
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1252

♀ + ♂
female

At it

Feb 29th 83

3 Steril Sho

Lucius H. Chase

2 Schwane Creek

4. *Neutral*

Henry Kissinger

I am on leave

Миско

May 1904

325

1000

[illegible]

RETURN OF A BIRTH 67107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 29th 1883

4. Place of Birth, (Street and Number) N. 1st Avenue at

5. Full Name of Mother, Ellen Savill

6. Mother's Maiden Name, Donovan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Martin Savill

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary Weston

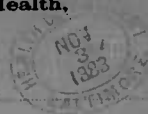
Address, N. 151 E. Pratt st

Remarks, Infant died.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67108*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second (7)*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *October 29 - 1883*
 4. Place of Birth, (Street and Number) *83 Columbia St.*
 5. Full Name of Mother, *Christina Pfeffer*
 6. Mother's Maiden Name, *Christina Ermold*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *August Pfeffer*
 9. Father's Occupation, *Cabinet-maker*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *Dr. H. K. Schlichter*
 Address, *28 Columbia St.*
 Remarks,

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother, or of the father, or of the nearest relative, to cause a certificate of birth to be made, and to file the same with the Board of Health, within the period above specified. Any person who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 29th 1883.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mrs. Secunda*

6. Mother's Maiden Name, *Kramer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Schuster*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Secunda*

Address, *1245 S. Mount St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
2
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 October 1883
4. Place of Birth, (Street and Number) 117 Fremont St
5. Full Name of Mother, Mary Ahring
6. Mother's Maiden Name, Ruby Rembold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Ahring
9. Father's Occupation, Driver
10. Father's Birthplace, Germany
- Name of Medical Attendant, Dr. A. Mesenzahl
or other Person who makes this Return
- Address, 845 Fremont Ave
- Remarks,

in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Board of Health, and to file a statement of the birth of such child, within the period stated in the preceding section, and in the case of the death of any child, the statement shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 29th 1883*
4. Place of Birth, (Street and Number) *96 Gough St.*
5. Full Name of Mother, *Anna Moser*
6. Mother's Maiden Name, *" Hoffman*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John Moser*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*
- Address, *120 Bank St.*
- Remarks,

in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so attending such child, in the cases of the birth and death of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

Oct 22nd 1883

220 Eastern Ave

Helena Apprecht

Scheidt

Germany

Louis Apprecht

Upholsterer

Germany

Mrs Elizabeth Boltz

120 Bank St

RETURN OF A BIRTH

67112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
2
1983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th Oct 1883

4. Place of Birth, (Street and Number)

N. E. corner of Chesapeake & Odonnell sts

5. Full Name of Mother,

Eugenie Ingelfritz

6. Mother's Maiden Name,

Georgie Reuther

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Robert Ingelfritz

9. Father's Occupation,

Lab.

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Eullens

Address,

1111 Curlew street

Remarks,

certificate, between the first and third day of each and every month, in the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, such person shall be liable to a fine of ten dollars, to be recovered, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 2, 1913

4. Place of Birth, (Street and Number)

44 Luckrose St.

5. Full Name of Mother,

Mary E. Green

6. Mother's Maiden Name,

Hillman

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Benjamin Green

9. Father's Occupation,

Millwright

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

John A. Howell

Address, 206 N. T. Knight St.

Remarks,

RETURN OF A BIRTH *67110*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

To of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) ..

3. Date of Birth, *October 29*

4. Place of Birth, (Street and Number) *125 S. Eden St.*

5. Full Name of Mother, *Mary A. Chauman*

6. Mother's Maiden Name, *Mary E. Clark*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Chauman*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Oliver*

Address, *125 S. Eden St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th Child

Female

White

29th of October 1883

235 East Biddle Street

Maggie Nikal

Maggie Nikal

Baltimore

George Nikal

Labourer

Germany

No 226 Westina Lane

173 Harford Ave

Baltimore Md.

1883

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OV
14
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2
Male
Colored
30 October
173 China Street
Sophia Wells
Sophia Taylor
Ganconter County
Nathan Kelly
Carter Shucker
Ganconter County
Lynn and Johnson
33 China
Jacob Davis 103 E St
Sharp St Cemetery Nov 13/83

RETURN OF A BIRTH,

67115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

name, date, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 3d of October

4. Place of Birth, (Street and Number) 149 York St.

5. Full Name of Mother Catherine Sanders

6. Mother's Maiden Name Catherine Jayne

7. Mother's Birthplace Baltimore

8. Full Name of Father William Sanders

9. Father's Occupation Sealer

10. Father's Birthplace Ladysburg

Name of Medical Attendant, or other Person who makes this return. Rachel Lorne

Address 322 D St. Baltimore

Remarks

RETURN OF A BIRTH 67119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Oct. 30, 83.

S. Brandenburg No 123

Elisabeth Schutte

Werner

N. York, Pa.

Heinrich Schutte

Potteryman

Balt.

Mrs. G. B. Brandenburg

217 W. 1st St No 14

certified to, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to make a return of the birth of such child to the Board of Health, and to file the same within the period above specified. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 6/7/20

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) C
 3. Date of Birth, October 30 1883
 4. Place of Birth, (Street and Number) #135 N Bond St. Balto. Md
 5. Full Name of Mother, Catharine Schuber
 6. Mother's Maiden Name, Warner
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Philip Schuber
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other Person who makes this Return Caroline Miller
 Address, No. 5 Walker St. Baltimore Md.
 Remarks,

place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, such person shall be required to sign the said schedule, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, October the 30th
4. Place of Birth, (Street and Number) Baltimore Barranck Hotel
5. Full Name of Mother, Emeline Luttsche
6. Mother's Maiden Name, Sheekels
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Luttsche
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Elisabeth Hathorn
- Address, William St. No. 344
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Form, its or their physical condition, whether still-born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.d. Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October the 30. 1883*
4. Place of Birth, (Street and Number) *410 W. Lombard St*
5. Full Name of Mother, *Mollie E. Mosmiller*
6. Mother's Maiden Name, *Mollie E. Hamlin*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Leonard. Mosmiller*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Austria*
- Name of Medical Attendant, or other Person who makes the Return *Susan Shuster*
- Address, *21 No Poppelton St*
- Remarks,

In case the birth of a child shall occur without the attendance of a practitioner, the parent or person having charge of such child shall immediately thereafter, in the manner and to the effect herein provided, cause to be made and filed a true and correct statement of the birth of such child to the Board of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur within the period above specified, except in the cases of the birth and death of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

101
91
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30th 1882

4. Place of Birth, (Street and Number)

118. Chestnut

5. Full Name of Mother,

Elizabeth Strick

6. Mother's Maiden Name,

Silver

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Adam Strick

9. Father's Occupation,

Trailer

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who makes this Return

J. W. B. M. Allen

Address,

101 E. Gay St. Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 30th

4. Place of Birth, (Street and Number) No 55 A Edmon 11

5. Full Name of Mother, Mrs.izzie Blandall

6. Mother's Maiden Name, Anne

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Blandall

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Goshpe

Address, No 55 A Edmon 11

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health, in case the birth of another child occurs within the period of three months, and in case the mother immediately thereafter shall then become the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period, as required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

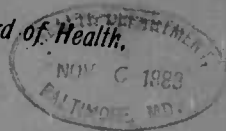
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Give, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 30th 1893*
4. Place of Birth, (Street and Number) *329 Scott St*
5. Full Name of Mother, *Martha Emma Semment*
6. Mother's Maiden Name, *Martha Emma Hiddes*
7. Mother's Birthplace, *Marck Delaware*
8. Full Name of Father, *Samuel Andrew Semment*
9. Father's Occupation, *Brick Labor*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return, *Mary E. Bentley*
Address, *Child living*
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
 1. Sex (state whether Male or Female)
 2. Race or Color (if not of the white race)
 3. Date of Birth
 4. Place of Birth (Street and Number)
 5. Full Name of Mother
 6. Mother's Maiden Name
 7. Mother's Birthplace
 8. Full Name of Father
 9. Father's Occupation
 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

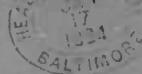
5th
 Male
 White
 Oct 30th 1883.
 68 S. Paca St.
 Margaret Jink
 Germany
 H. Kuntze
 Shoemaker.
 Hanover, Germany.
 Edward R. Ward M.D.
 248 N. Lombard St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of the mother, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH

67127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 31 1893

4. Place of Birth, (Street and Number)

45 E Madison St

5. Full Name of Mother,

Annie Keenan

6. Mother's Maiden Name,

Annie McGovern

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Keenan

9. Father's Occupation,

Food Dealer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

R. Robinson M.D.

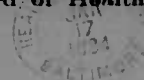
Address,

207 E. Pratt St.

Remarks,

RETURN OF A BIRTH *67128*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 18, 1883*

4. Place of Birth, (Street and Number) *187 Hillen St.*

5. Full Name of Mother, *Lizzie Keefe Culling*

6. Mother's Maiden Name, *Lizzie Keefe*

7. Mother's Birthplace, *Phila. Pa.*

8. Full Name of Father, *D. J. Culling*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return *J. H. Robison M.D.*

Address, *217 Summit Ave.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30th 1883

4. Place of Birth, (Street and Number)

No 33, Barnes Str

5. Full Name of Mother,

Anna Tanda

6. Mother's Maiden Name,

" Melichar

7. Mother's Birthplace,

Velka Bohemia

8. Full Name of Father,

Jakub Tanda

9. Father's Occupation,

Labor

10. Father's Birthplace,

Kanic Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address,

No 20. Barnes Str

Remarks,

pieces of its birth, and the said schedule shall be delivered, duly signed by the parents, the day and
certificates, between the first and third day of each and every month, to the Board of Health. In case the
any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
shall be delivered, the parent or person who shall be responsible for the child, shall then become the
duty of the parent or person who shall be responsible for the child, to report its birth to the Board of
within the period above specified, except in the cases of the births and deaths of illegitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



within six days thereafter, within the City of Baltimore, shall report to the Registrar of Births, Deaths and Marriages, the date of birth, sex, and color of the child or children, its or their physical condition, whether still born or not, the full name of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 20, 1883

4. Place of Birth (Street and Number) 332 Banks Street

5. Full Name of Mother Maggie Hentke

6. Mother's Maiden Name Maggie Hertz

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Hentke

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 299 E Baltimore St.

Remarks

Amel E Dwinelle M.D.

any child shall have been conferred, his sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner fails to deliver such certificate, he shall be liable to a fine of ten dollars for each failure, and shall be liable to a fine of ten dollars for each failure to deliver such certificate, and shall be liable to a fine of ten dollars for each failure to deliver such certificate, and shall be liable to a fine of ten dollars for each failure to deliver such certificate.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *Sci*

2. Race or Color, (if not of the white race) *Wet*

3. Date of Birth, *30 October*

4. Place of Birth, (Street and Number) *Canton Ave No 241*

5. Full Name of Mother, *Augusta Benik*

6. Mother's Maiden Name, *M. H. Muller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Kaspar Benik*

9. Father's Occupation, *Schumacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Maurer*

Address, *Lombard street No 285*

Remarks,

404
22
1893

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Record the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 30 1896

4. Place of Birth, (Street and Number) Bowling Green

5. Full Name of Mother, Kathleen Gifford

6. Mother's Maiden Name, Kathleen Furrowalt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joe F Simpson

9. Father's Occupation, Clark

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas. H. Smith

Address, 1214 Lawrence St

Remarks,

[illegible]

1733

- 11th
Hale

W. H. White

Oct 30th 1883

21. Aug. 11

Fredrick J. Hill
W.H.

24. 11. 1911

Jacob B. B. B.

Richardson

Ветеринар

Doc Cooke M.D.

Theodore Cooke M. D.

Within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 30th 1883.

4. Place of Birth (Street and Number) 105 William St.

5. Full Name of Mother Frankie Caskin

6. Mother's Maiden Name Hamilton ^{105 Wm St} ~~with~~ ^{105 Wm St} ~~Frankie~~ ^{105 Wm St} ~~Frankie~~

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Solomon J. Caskin

9. Father's Occupation Dealer Groceries

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address 134 Hamburg St. Mary R. Caskin

Remarks Living Well

to be filled out by the Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17126

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
2
1883

| | |
|--|----------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 |
| 1. Sex, (state whether male or female) | Male Arthur |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth | October 30 1883 |
| 4. Place of Birth, (Street and Number) | 51 Fort Ave |
| 5. Full Name of Mother | Annie Burton |
| 6. Mother's Maiden Name | Annie Besome |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Robert D Burton |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | Dorchester county Md |
| Name of Medical Attendant, or other Person who makes this Return | Mrs Ann Nash |
| Address | |
| Remarks | |

RETURN OF A BIRTH, 17627

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth October 30 1883
4. Place of Birth, (Street and Number) 18 South Washington st
5. Full Name of Mother Louise Erdley
6. Mother's Maiden Name Louise Henderson
7. Mother's Birthplace England
8. Full Name of Father Solomon Erdley
9. Father's Occupation Potter
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this return.

Address Collingwood Ave

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the mother of the child or children.

any person who has been sentenced, its sex, color, the full name of each child, if born, and the date of birth, and the full name and occupation of its parents, the day and hour of the birth, and the name of the physician, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Vital Statistics, and to the physician or midwife, or of any other person, in attendance upon the mother, immediately thereof, shall then become the property of the Registrar of Vital Statistics, and shall be subject to the provisions of this section, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 30th 1883*

4. Place of Birth, (Street and Number) *254 So Bond St*

5. Full Name of Mother, *Dina Lassen*

6. Mother's Maiden Name, *Truitt*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Lassen*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return *Mrs Elizabeth K. Kels*

Address, *120 Bank St*

Remarks,

Missing 67139 to
67149, incl.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

[illegible]

Part 4

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

22. C. Scotland street

JAMES L. LEWIS & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 8.—And he further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Board of Health, in the office of the Registrar, during the month, and shall set forth, as far as the same may be ascertainable, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Board of Health, in case the child should die, or to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, and the said schedule shall be retained by the Board of Health, in case the child should die, or the parent or parents of such child in respect to the child, and the said schedule shall be retained by the Board of Health, in case the child should die, or the parent or persons who shall hereafter fail to comply with the provisions of this act, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 31st, 1883

4. Place of Birth, (Street and Number)

No 331 East Monument Street

5. Full Name of Mother,

Mrs. Mary Elizabeth Monahan

6. Mother's Maiden Name,

Mrs. Mary E. Trager

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Mr. Geo. Wm. Monahan

9. Father's Occupation,

Salesman (Patent Medicines)

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Clendenen M.D.

Address,

102 N Broadway

Remarks,

RETURN OF A BIRTH

67112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Report to the Board of Health of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

NO 1
2
1883

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 31. 3. A. M.

4. Place of Birth, (Street and Number)

157 N. Calhoun St.

5. Full Name of Mother

Pauline Carroll.

6. Mother's Maiden Name,

Pauline Courcelle.

7. Mother's Birthplace,

Guadaloupe. Fr. Indes.

8. Full Name of Father,

John Carroll, Esq.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ireland. Maine

Name of Medical Attendant, or other Person who makes this Return

A. H. Saxton, M.D.

Address,

543 Lexington St.

Remarks,

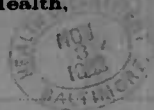
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67155

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *brown skin*

3. Date of Birth, *31 of November 1882*

4. Place of Birth, (Street and Number) *111 Harmony Lane*

5. Full Name of Mother, *Cornealia Curtis*

6. Mother's Maiden Name, *Cornealia Parish*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Curtis*

9. Father's Occupation, *Drayman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Lydia Somerville*

Address, *123 Clinton Ave*

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *17156*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 31st 1883

4. Place of Birth, (Street and Number)

497 Madison Ave

5. Full Name of Mother..

Josephine Reed

6. Mother's Maiden Name,

Josephine Lannahan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver Reed

9. Father's Occupation,

Manufacturing

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

W. H. L. L. L. L.

Address,

121 Madison Ave

Remarks,

Section 9. And be it further enacted and ordained, That every person residing in the City of Baltimore, who is charged with the duty of registering births, shall, upon the request of the Registrar of Births, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be submitted to the Registrar of Births, on or before the first day of the month following the month in which the births have occurred. The schedule shall also contain the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth in the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 31st. 1883*

4. Place of Birth, (Street and Number) *No 203 Orleans St.*

5. Full Name of Mother, *Olivia Walter*

6. Mother's Maiden Name, *Hammond*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *John Walter*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, (if other Person who makes this Return) *M. J. Butt.*

Address, *No. 185 E. corner Centre av. & Monument St.*

Remarks, *All Well*

NOV
9
1883

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule to be furnished by the Committee on the Health of the City, and shall deliver the same to the Registrar of Vital Statistics, who shall assign any name shall have been conferred, (its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, posted upon the first arrival of the child, and every person who shall neglect to do so, or who should not otherwise person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth in the Board of Health, in the manner, and within the period above specified, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

Female

White

October 31st 1888

108. E. Fayette St.

Augusta Teshler

Teshler

Baltimore

Star Teshler

Book Keeper

Baltimore

J. E. Blair M.D.
J. E. Coe M.D.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 67/60

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 34

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 31 1883

4. Place of Birth, (Street and Number) 35 Hollies St

5. Full Name of Mother, Emma Floss

6. Mother's Maiden Name, Emma King

7. Mother's Birthplace, Prattville

8. Full Name of Father, Samuel Floss

9. Father's Occupation, Woodcut

10. Father's Birthplace, Prattville

Name of Medical Attendant, or other Person who makes this Return. A. A. McCord M.D.

Address, Full name added by agent, when applying for a

Remarks, transcript Carrye D. Everman

Jan 15 1935

Aunt Anna E. Wehr

7/6/69

91

5-72

- William D. Russell
Roadway

[illegible]

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN ON A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Carried Record of Vital Statistics in the City of Baltimore.
When any physician, midwife, or other person in charge, who shall attend, and
person in the case of any child, within the City of Baltimore, shall report to the Registrar
the birth of a child, he or she shall state distinctly the date of birth, sex, and color of the child, or
her, and their physical condition, whether still-born or not, the full name, nativity, and
of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1853

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Light Brown

3. Date of Birth,

31 of October 1853

4. Place of Birth, (Street and Number)

89 Central Ave

5. Full Name of Mother,

Elietta Patton

6. Mother's Maiden Name,

Elietta Buchanan

7. Mother's Birthplace,

Clinton North Carolina

8. Full Name of Father,

Josiah Patton

9. Father's Occupation,

Dentist

10. Father's Birthplace,

Chappahannock Virginia

Name of Medical Attendant, or other Person who
attended this Return

Wm. A. Morgan

Address,

47 E. Franklin

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 1 1883
4. Place of Birth, (Street and Number) 475 East Eager
5. Full Name of Mother, Susan Evans
6. Mother's Maiden Name, Sampson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mabry Evans
9. Father's Occupation,
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, E. C. Baldwin
- Address, 124 N. Cyeter st
- Remarks,

Extract Regulations of the Board of Health to secure a full and true Record of Vital Statistics in the City of Baltimore.

SECTION 4.—And be it further enacted and ordained: That every person presiding midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care and shall be filled up by him or her, and shall be signed by him or her, and shall be filed in the office of the Commissioner of Health. And the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner, between the first and third day of each and every month, shall neglect to deliver the said schedule, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 77/64

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 1st. 1883.

4. Place of Birth, (Street and Number) 212 Chestnut St.

5. Full Name of Mother, M. Hornum

6. Mother's Maiden Name, M. Johns

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, August Hornum

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, M. J. Bitt or other Person who makes this Return

Address, No 185 S.E. cor. Central & Monument St.

Remarks, All Well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

67165
1883
11750

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) Bright Mulatto
 3. Date of Birth 12th. 1st November, 1883.
 4. Place of Birth (Street and Number) 52 Archard St Baltimore, Md
 5. Full Name of Mother Margaret Jane Blondin
 6. Mother's Maiden Name Margaret Jane Mason
 7. Mother's Birthplace Jefferson County, Virginia.
 8. Full Name of Father Thomas Blondin
 9. Father's Occupation Mailman
 10. Father's Birthplace Northumberland County, Virginia
 Name of Medical Attendant, or other Person who makes this Return. Wm. S. Thrope M.D.
 Address 236 W. Howard St
 Remarks

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, within the month following the month in which the birth shall have taken place, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, its date of birth, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar of Vital Statistics, who shall file the same in the office of the Registrar of Births, and the said schedule shall be retained without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner, and at the time, and to the office, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION D.—And to it further enacted and ordained That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of all and singular births which shall occur in the City of Baltimore, to be furnished by the Commissioner of Health. This schedule shall contain, first, the births which shall occur in the City of Baltimore during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and month of its birth, and the place of its birth; secondly, the names of the persons attending the birth, the name of the midwife, and the name of the physician, or of a practitioner of midwifery, or of a practitioner of medicine, who shall be present at the birth, and who shall report the birth to the Commissioner of Health, in the manner and within the period above required, except in the case of a birth which shall occur in the City of Baltimore, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are so recoverable.

GIVEN NAME ADDED 1-17-52 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Clarence Wilcox Bower*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 1, 1883*
4. Place of Birth, (Street and Number) *330 N. Broadway*
5. Full Name of Mother, *Deaette Benary*
6. Mother's Maiden Name, *Deaette Shiller*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Thomas C. Benary*
9. Father's Occupation, *Black*
10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *J. W. Horch M.D.*

Address, *75 E. Balto St.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 1st 1883

4. Place of Birth, (Street and Number)

325 E. Boston St

5. Full Name of Mother,

Emma Stevens

6. Mother's Maiden Name,

Evans

7. Mother's Birthplace,

Bridgeport Conn

8. Full Name of Father,

Oliver Stevens

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant, or other Person who
makes this Return

W. B. Billings

Address,

250 E. Boston St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

NOV 3 1893

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1. Child

Female

White

1st of November 1883

256 Eager Street

Name Quash

Annex Knauer

Germany

Joseph Quash

Laborer

Germany

Mrs. Christina Laner

173 Harford Avenue, Chas.

Baltimore Md.

Abstract Regulations of the Board of Health in regard to a full and correct Record of Vital Statistics in the City of Baltimore.

67170
Baltimore City
NOV
3
1883
BALTIMORE

1. Sex, (state whether male or female) Female

3. Date of Birth. 1st of December 1883

5. Full Name of Mother, *Bertha Mass*

7. Mother's Birthplace, *Germany*

9. Father's Occupation, Carpenter

Name of Medical Attendant, or other Person who makes this Return *John Mill*

Remarks, *12.20*[illegible]

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under a license or superintendence a birth and before the child is born, shall record the name of the mother, the name of the child, the sex, the date of birth, the place of birth, the name of the physician, and the name of the midwife, in the office of the Registrar of Vital Statistics, within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th Nov 1883
White
Nov 1st 1883
69, Hamilton St
Charlotte Caskey
" " " " " " " "
Patterson
Joseph Caskey
Bakman
Baltimore
Theodore Cook W. P. 1883

Record of Vital Statistics in the City of Baltimore.

Section 9.—And be it further enacted and declared: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a book to be kept for that purpose, and shall, at the expiration of the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said midwife shall be held responsible for the correctness of the same, and in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parents or parents of such child to report at the birth, and deaths of illegitimate children, and with the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7/1/72
2nd
Nov 3 1883
Male
Nov 1-1883
148 Hammond St.
Emma C. Phillips
Baltimore
Baltimore
W. L. Phillips
W. L. Phillips
Baltimore
Thos. C. Cooke M.D.
146 Hammond St.

H
F 7173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6450 4 mile

- 1431
3
1223
FALTING

Name of Medical Attendant, or other Person who makes this Return

Harry E. Miller

Address, Dallas, Tex. 75216.

Remarks.

Record of Vital Statistics in the City of Baltimore.

[illegible]

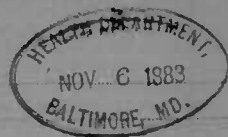
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

67174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



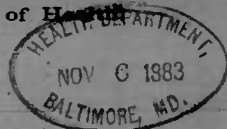
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Female. Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 1st of 1883 eight three*
4. Place of Birth, (Street and Number) *84 North Gayles St.*
5. Full Name of Mother, *Rebecca Schmidt.*
6. Mother's Maiden Name, *Rebecca Polzer*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Mathian Schmidt.*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return *Rebecca Dostmann*
- Address, *N^o 6 Broad Alley Sembardst*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child
Male a Boy

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

Heuman Schuchat.

151 East Lombard St person who is

Midwife Mrs Sarah Gustavson who

makes this return. 6 Broad Alley Lombard St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of November*

4. Place of Birth, (Street and Number) *No 2 Wilcox St*

5. Full Name of Mother, *Mary Carter*

6. Mother's Maiden Name, *Mary Spearman*

7. Mother's Birthplace, *Manchester England*

8. Full Name of Father, *James Jesse Carter*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Woodson*

Address, *120 Greenmount Avenue*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

67177

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The third child.
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth November 1st, 1883.
4. Place of Birth, (Street and Number) 8198 N. Fremont St.
5. Full Name of Mother Margaret Pratt
6. Mother's Maiden Name Margaret Corsey
7. Mother's Birthplace Howard County Md.
8. Full Name of Father Samuel Pratt
9. Father's Occupation Laborer
10. Father's Birthplace Montgomery Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Wallace,
- Address #113 Balbig St. Baltimore, Md.
- Remarks _____

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of said birth, and shall enter the same on a blank schedule to be furnished by the Bureau of Vital Statistics, and shall file the same in the office of said Bureau, and shall retain the same during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Bureau of Vital Statistics, in the manner and to the effect herein provided, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *November 11/88*

4. Place of Birth, (Street and Number) *107 Woodmont St*

5. Full Name of Mother, *Priscilla Harster*

6. Mother's Maiden Name, *Priscilla Johnson*

7. Mother's Birthplace, *Annapolis City*

8. Full Name of Father, *William Harster*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *Mary G Jones*

Address, *No 7 Woodmont St*

Remarks,

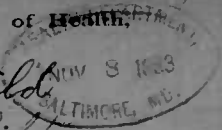
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67179

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth child
Male Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

First of November 1883
No 15 of Arlington St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elizabeth M^{rs} Corthy
E. M^{rs} govern

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel M^r Corthy
Blacksmith

9. Father's Occupation,

Canada

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 No Poppleton St

Remarks,

CONTRIBUTOR TO THE JOURNAL AND A RESEARCHER IN THE FIELD OF

[illegible]

Female
White

Female
White

White.

November 1st

77 Block St.

Anna T. Boucher

Nest

Baltimore

George X. Crocker

6 an Naker

Baltimore

Mrs. Hannah Monte

136 Caroline St

JOHN P. ... & CO., CITY PRINTERS AND STATIONERS.

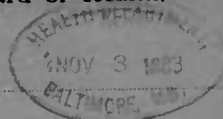
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67151

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1, 1883

4. Place of Birth, (Street and Number) 278 Johnson St

5. Full Name of Mother Annie Burns

6. Mother's Maiden Name, Annie Thomas

7. Mother's Birthplace, Dorchester County

8. Full Name of Father, Thomas Burns

9. Father's Occupation, Laborer

10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other Person who makes this Return Mrs Ann Nash

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or supervision any birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same for a period of one year after the date of the birth, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.*

1. Sex, (state whether male or female)

III

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

1 November

4. Place of Birth, (Street and Number)

47 Frederick

5. Full Name of Mother,

Allie Sangh

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Thomas Hill*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored brown skin*
3. Date of Birth, *Nov. 1. 1883* *Thomas Winder*
4. Place of Birth, (Street and Number) *Hamburg Street 320 Hill*
5. Full Name of Mother, *Sally Hill*
6. Mother's Maiden Name, *Sally Jones*
7. Mother's Birthplace, *Barthol. County*
8. Full Name of Father, *David Winder Hill*
9. Father's Occupation, *Cy. & Shaving*
10. Father's Birthplace, *Hamburg Street 285 Charles yellow*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. Johnson Hill*
- Address, *one year and nine*
- Remarks, *month old*

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth* 107
12
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 1 - 1883*
4. Place of Birth (Street and Number) *129 Penn Ave*
5. Full Name of Mother *Ellen Klein*
6. Mother's Maiden Name *" Cecady*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Geo Klein*
9. Father's Occupation *Newsmen*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Dr A Lind.*
- Address *162 Monroe St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

SECTION 8.—And he to further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall be returned to the Commissioner of Health, on or before the first day of the month following the month in which the birth occurred; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, and the said Board of Health shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in any person or persons who shall fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Nov 1883

4. Place of Birth, (Street and Number) Bolton St. Dallas, No 710

5. Full Name of Mother, B. Drisk

6. Mother's Maiden Name, B. Shaffer

7. Mother's Birthplace, Germany

8. Full Name of Father, Andrew Drisk

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Kappin

Address, 59 N. Meadmont St

Remarks, Mary Kappin

NOV
13
1883

[illegible]

67156

13
1833

1. Girl

Girl

White

inst Nov 1920

Balti Bager 18 No 483

A. Komec

S. Harrison

Bohemian

r. Pos. Kermec

Glover

B. harrisi

or other Person who
makes this Return

Mary Joseph

19 No Washington

Mary K. Kish

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NO 1
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

November 1st 1883

4. Place of Birth (Street and Number)

245 St Paul St

5. Full Name of Mother

Mary Goldsborough

6. Mother's Maiden Name

Mary Shump

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edinburgh Goldsborough

9. Father's Occupation

Merchant

10. Father's Birthplace

Dorchester County Md.

Name of Medical Attendant,

or other Person who makes this Return.

W. J. Sweeney

Address

181 Madison Avenue

Remarks

Natural labor without tubercles;

Completed by the forceps.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 Nov 1882

4. Place of Birth, (Street and Number) *Balto. Eastern St No 226*

5. Full Name of Mother, Mary Delmon

6. Mother's Maiden Name, M. Tate

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Delmona

9. Father's Occupation, Railroad

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address. 69 N. Washington St.

Remarks, May 1901

NOV
13
1953

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

67189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 1st 83*

4. Place of Birth, (Street and Number) *585 Penna Ave*

5. Full Name of Mother, *Lilly V. Kutz*

6. Mother's Maiden Name, *Lilly V. McCann*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Charles W. Kutz*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, *J. Miller, M.D.* or other Person who makes this Return

Address, *188 Franklin St.*

Remarks,

Section 6.—And to it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, or every person who shall deliver a child in the City of Baltimore, shall, before the birth of such child, file and record in the Office of the Registrar of Vital Statistics, a schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name is given), the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the physician, or of a practitioner of midwifery, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, December 1/82

4. Place of Birth, (Street and Number) 163 S. Wolf St.

5. Full Name of Mother, Barbara Kaiser

6. Mother's Maiden Name, Dier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kaiser

9. Father's Occupation, Salver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 236 Canton Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 4.—And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commission-ers of Health, and shall file the same with the Registrar of Vital Statistics, within the time specified in the said schedule, and shall not be liable to any penalty for non-compliance with the provisions of this section, unless he shall be shown to have willfully neglected or refused to comply with the provisions of this section. And it is further enacted and ordained: That any person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17/91

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, November 1/83

4. Place of Birth, (Street and Number) 164 Lombard St

5. Full Name of Mother, Mary Buscher

6. Mother's Maiden Name, McKaneck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lorenz Buscher

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 236 Canton St

Remarks, _____

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file and deposit with the exact registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the date of its birth, and the date of its delivery, and the date of its registration, and the date of its certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or in case the birth of any child shall occur within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 1/83

4. Place of Birth, (Street and Number) 108 Thames

5. Full Name of Mother, Mary Brewer

6. Mother's Maiden Name, Werner

7. Mother's Birthplace, Germany

8. Full Name of Father, Ludwig Brewer

9. Father's Occupation, Salvage

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kropf

Address, 236 Canton Ave

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, the day and place of its birth, and the date of its delivery, and the date of its registration, and the date of its certification, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or other person licensed by the Board of Health, the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 1st 1893*

4. Place of Birth, (Street and Number) *286 Canton Ave*

5. Full Name of Mother, *Alvina Rosiliecke*

6. Mother's Maiden Name, *Schwarz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Heinrich Rosiliecke*

9. Father's Occupation, *Servant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mr Louise Kraft*

Address, *236 Canton*

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAMES B. FLY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care and supervision, and shall be filled out by the midwife or other person who has attended the birth, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parent of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of still-born children, shall be neglected, or if any person who is required to file such certificate, shall be convicted as such offender, to be punished as other laws and penalties are respectively.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 2^d Nov. 1883

4. Place of Birth, (Street and Number) 289 South Ches St

5. Full Name of Mother, Laura Hord

6. Mother's Maiden Name, " French

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Mr. C. Hord

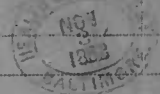
9. Father's Occupation, Wagoner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



A. M. D. O'Leary, M.D.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 2nd. 8¹² P.M.*
4. Place of Birth (Street and Number) *7 N Wolf St.*
5. Full Name of Mother *Laura Ann Griffith*
6. Mother's Maiden Name *Laura A. Griffith*
7. Mother's Birthplace *Annapondel Co. Md.*
8. Full Name of Father *John Lewis Griffith*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Annapondel Co.*

Name of Medical Attendant, or other Person who makes this Return.

Address *299 E Baltimore St.*

Remarks

James E. Dinnick M.D.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 2nd*

4. Place of Birth, (Street and Number) *No. 40 Bank St.*

5. Full Name of Mother, *Pauline Schu*

6. Mother's Maiden Name, *Roth*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Schu*

9. Father's Occupation, *Frame maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sophia Simon*

Address, *No. 70 Greenby St.*

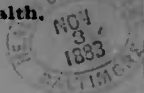
Remarks, *2*

correct Board of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

2d November 1883

4. Place of Birth, (Street and Number)

1 St James Street

5. Full Name of Mother,

Maria Schneider

6. Mother's Maiden Name,

Maria Gieser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Schneider

9. Father's Occupation,

Commissioner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Christina Gieser

Address,

113 Conford Avenue, near Chase

Remarks,

Baltimore Maryland

1883

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 2nd November 1883
 4. Place of Birth, (Street and Number) 33, N. Poppleton St.
 5. Full Name of Mother, Mrs Emma Davis
 6. Mother's Maiden Name, Emma Wambach
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Chas. E. Davis
 9. Father's Occupation, Stone Cutter
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other Person who makes this Return Mrs Hunter
 Address, 21 N. Poppleton St.
 Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

67200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 2^d 1883

4. Place of Birth, (Street and Number)

N. W. Corner Calvert & Biddle Sts

5. Full Name of Mother

Fannie Wood Rous.

6. Mother's Maiden Name

Fannie Anson Wood.

7. Mother's Birthplace

Virginia.

8. Full Name of Father

Charles Rous.

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant

or other person who makes this Return.

M. C. Milstrop

Address

#146 Park Ave.

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

Male

White

Nov. 2, 1883

205 Clefton Place

Mary E. Beck

Germany

Ernest W. Beck

Clerk

Germany

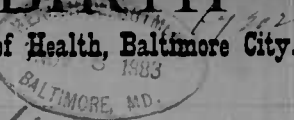
D. Spett Mac

143 W. N. St.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and is hereby required to file and deposit with the Registrar of Vital Statistics, a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as his name can be ascertained, the full name of each child, if born alive, and the date of birth, and the sex, and the race or color, and the place of birth, and the day and certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall occur within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 2 1883*
4. Place of Birth, (Street and Number) *127 Lombard St*
5. Full Name of Mother, *Gasah Cochran*
6. Mother's Maiden Name, *Liz Muddock*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Leisy Cochran*
9. Father's Occupation, *baron*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Wm E Tracy*
- Address, *193 Chest*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First-
Female
White

November 2-1883

5-6 Cumberland Avenue

Mary Catherine Watkins

Fowler

Baltimore, Md -

Willard F. Watkins

Police man

Baltimore Md

Louis W. Knight

112 N. Greene

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th -

Female

White

Nov 2nd

26th Park Ave

Margaret Bull

Wright

Baltimore

Chas H. Bull

Railroad Conductor -

Bach

Wm Whithedge

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the year, and shall be filled up by the midwife or other person in charge of the birth, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health, or midwifery or health officer, and the said certificate shall be filed in the office of the Board of Health, and the said midwife or other person be in default upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, in which case the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 Jan
4. Place of Birth, (Street and Number) 436 Gay St
5. Full Name of Mother, Mary Wiesenbach
6. Mother's Maiden Name, Heber
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Elie Wiesenbach
9. Father's Occupation, Confectionary store
10. Father's Birthplace, Chagany county
- Name of Medical Attendant, or other Person who makes this Return Mrs. Rose King
- Address, No 48 Baltimore St Baltimore
- Remarks, _____

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 2 May

4. Place of Birth, (Street and Number) 19 Stirling.

5. Full Name of Mother, Matilda Ringold

6. Mother's Maiden Name, Matilda Selesen

7. Mother's Birthplace, Balto md

8. Full Name of Father, John Selesen

9. Father's Occupation, laborer

10. Father's Birthplace, Cumberland md

Name of Medical Attendant, or other Person who makes this Return Mrs. Leah Johnson

Address, no 44 Edgwood St.

Remarks, healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2nd 1883

4. Place of Birth, (Street and Number) 114 Burgundy st

5. Full Name of Mother, Mary Silbergahn

6. Mother's Maiden Name, Mary Veltus

7. Mother's Birthplace, Bklyn. Inds

8. Full Name of Father, John A. Silbergahn

9. Father's Occupation, Box Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Bentley

Address, Child Living

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOV
13
1833

Girl

White

2 Nov 1882

Balt. S. M. Gar. Bond an
Baltimore.

Emma, Esq.

Emma Hussey.

B. herva

Joseph, Inc.

Painter

Bohemian

or other Person who
makes this Return

69 d. Washington 27

May 20, 1902

JAMES B. HOLT & JILL L. HOLT, PHISTOWN AND STATISTICIANS

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall take place, shall be bound to file and deliver to the Office of Health, a Return of Birth, and shall be liable to be punished by the Commission of Health, for every violation of the provisions of this section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this Return, address, and remarks. Any name shall have been corrected, and shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance, the child shall be reported to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 Nov 1883

4. Place of Birth, (Street and Number) Balto Caroline St 188

5. Full Name of Mother, Anne Marek

6. Mother's Maiden Name, As Smirna

7. Mother's Birthplace, Batavia

8. Full Name of Father, Jos. Marek

9. Father's Occupation, Schmucker

10. Father's Birthplace, Batavia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptel

Address, 59 W. Washington St

Remarks, Mary Kaptel

NOV
13
1883

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 2^d - 1883*
4. Place of Birth (Street and Number) *No 3 Joy ally*
5. Full Name of Mother *Louisa Johnson*
6. Mother's Maiden Name
7. Mother's Birthplace *Balt^e Md*
8. Full Name of Father *Salathiel Johnson*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Balt^e Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane Easter*
- Address *17 Hamilton St*
- Remarks

67211

NOV 12 1883

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all the births which shall occur within the City, and shall be directed by the Commissioners of Health.

This schedule shall contain a list of the births which have occurred in the City, and shall be filled out by the midwife or person practicing midwifery, in the form of a certificate, between the first and third day of each and every month, and shall be presented to the Commissioners of Health, who shall cause the same to be recorded in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person practicing midwifery to report the birth to the Board of Health, in the manner, and within the period above specified, each day, in the form of a certificate, and shall be subject to the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6771-2

NOV
24
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2
Male
Jan 1 1883
1000
Emma Bernhardt
Karl Bernhardt
Baltimore
Emma Bernhardt
Cabinet Maker
Germany
Mary Roth
225 J. St.

Missing
67214

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child, Catherine M. Schroder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

Nov 22 1888

13 E. Light St
Annapolis

Root

Baltimore Md
Augustus Schroder
Physician

Cary

Cary
E. Williams M.D.
513 East St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8
Male
White
Nov 24 1883
30 Bond St
Rebecca Sauts
Rebecca Dinnitt
Baltimore Md
James Dr. Sauts
Letter Carrier
Baltimore Md
O. A. Cooke, M.D.
110 Fort Ave

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3rd.

4. Place of Birth, (Street and Number)

Baltimore 128 S. Poppleton St.

5. Full Name of Mother.

Ella Garabedian

6. Mother's Maiden Name,

Ella Harris

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Edwin Goakley

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Ross

Address,

128 S. Poppleton

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 67218

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1883

BALTIMORE, MD.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White, race.
3. Date of Birth Nov 3^d 1883.
4. Place of Birth, (Street and Number) 751 Light St.
5. Full Name of Mother Frederica. Prater :
6. Mother's Maiden Name Mathews.
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Jacob. Prater.
9. Father's Occupation Brick. mayer.
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this return. Annie. Evans.
- Address 634 Light St.
- Remarks _____

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17219

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I B G. M. H. L.

March 22, 1907

Margaret Elizabeth Pitt

Dal Timore

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1927 & CO., CITY PRINTERS AND STATIONERS

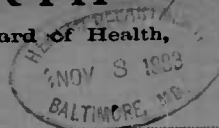
Return of Birth of your Statistics in the City of Baltimore.

"That every physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17220

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____ Female. Child
2. Race or Color, (if not of the white race) _____ Colored. Child
3. Date of Birth, _____ Saturday Nov 3 1883.
4. Place of Birth, (Street and Number) _____ No 2 Pace Place.
5. Full Name of Mother, _____ Georgeanna Coates.
6. Mother's Maiden Name, _____ Georgianna Makara.
7. Mother's Birthplace, _____ Annapolis County Md.
8. Full Name of Father, _____ John Henry Coates
9. Father's Occupation, _____ Stevedore
10. Father's Birthplace, _____ Talbot County Md.
- Name of Medical Attendant, _____ or other Person who makes the Return _____ Francis Snowden.
- Address _____ 4200 Sarahann Street Balt. Md.
- Remarks, _____

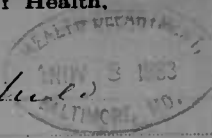
OFFICE OF VITAL STATISTICS IN THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

3rd Nov. 1883

4. Place of Birth, (Street and Number)

66 York St

5. Full Name of Mother,

Mary Mc Hugh

6. Mother's Maiden Name,

Morrison

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Larry Mc Hugh

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr J. H. McLaughlin

Address,

57 Barclay St

Remarks,

Section 11. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee of Health. This schedule shall contain a list of ten births which may be the full name of each child at birth, the name of the mother, the name of the father, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 October

4. Place of Birth, (Street and Number) 139 Lane St.

5. Full Name of Mother, Mary J. J. J.

6. Mother's Maiden Name, Horner

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Andrew J. J.

9. Father's Occupation, Holder

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Miss Rosa M. M.
45 Holland St.
Balt.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 3rd 1883
4. Place of Birth, (Street and Number) 327 S. Charles St.
5. Full Name of Mother Lanisa Sedley
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Va
8. Full Name of Father Jacob Sedley
9. Father's Occupation R. R. Con.
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. R. G. Lee
- Address 1111 E. Hanover St. Baltimore
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race).

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st.

Female.

White.

Nov 30 1883.

340 N. Tricker St.

Mrs. A. Schant.

Mrs. A. Hughes (or Anne)

Baltimore City.

William A. Schant.

Telegrapher.

Torgum.

John Pennington

134 N. Carroll St. An

67224

191
100

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67225

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

601
91
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

32

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 3, 1883

4. Place of Birth, (Street and Number)

Cor. West & Frederick St.

5. Full Name of Mother,

Elizabeth Premier

6. Mother's Maiden Name,

Elizabeth Premier

7. Mother's Birthplace,

Phila

8. Full Name of Father,

Samuel E. Gotsche

9. Father's Occupation,

Clothier

10. Father's Birthplace,

N. Jersey.

Name of Medical Attendant, or other Person who makes this Return.

A. A. Wood M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex. (state whether male or female) ... Male

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

3 November

NOV
9
1883

4. *Place of Birth, (Street and Number)*

15 Watson

5. *Full Name of Mother,*

Mary Zucker

6. *Mother's Maiden Name,*

Karin

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Kierman Zucker

9. *Father's Occupation, ..*

Painter

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard

Remarks,

[illegible]

Correct Return of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 3rd

4. Place of Birth, (Street and Number)

113 Henrietta st

5. Full Name of Mother,

Sarah E. Jenkins

6. Mother's Maiden Name,

" " Meas

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John W. Jenkins

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who
makes this Return

J. Beach M D

Address,

151 Hanover st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall deliver the same to the Registrar of Vital Statistics, within the time specified during the month, and shall set forth, as far as the same may be ascertained, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar of Vital Statistics, and every person who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1-7228

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *30 November*

4. Place of Birth, (Street and Number) *29 Granberry*

5. Full Name of Mother, *Annie Forwitz*

6. Mother's Maiden Name, *Bastolomaeus*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Forwitz*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address, *72 E. Lombard*

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Comptroller of the City, and shall file the same in the office of the Registrar of Vital Statistics, during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar of Vital Statistics, and every such certificate shall be filed in the office of the Registrar of Vital Statistics, and every such certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *NO 1*
 3. Date of Birth, *3 November*
 4. Place of Birth, (Street and Number) *3 Washington*
 5. Full Name of Mother, *Dizzie Miller*
 6. Mother's Maiden Name, *Preier*
 7. Mother's Birthplace, *Europe*
 8. Full Name of Father, *Michel Miller*
 9. Father's Occupation, *Cooper*
 10. Father's Birthplace, *Europe*
 Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
 Address, *72 E. Lombard street*
 Remarks,

CERTIFICATE OF BIRTH, STATISTICS OF THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9 1883

4. Place of Birth, (Street and Number)

203 Columbia ave

5. Full Name of Mother.

Camilla Boyer

6. Mother's Maiden Name,

Camilla Boyer

7. Mother's Birthplace,

Balto Md

8. Full Name of Father.

Austin P Boyer

9. Father's Occupation,

Clerk

10. Father's Birthplace.

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D.

Address,

136 Columbia ave

Remarks,

COPIES RETURNED TO THE OFFICE OF THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67231

To the Office of Registrar of Vital Statistics, Board of Health, NOV 10 1883
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 3 1883*
4. Place of Birth, (Street and Number) *113 Bell St*
5. Full Name of Mother, *Mary Tilton*
6. Mother's Maiden Name, *Mary Gilbert*
7. Mother's Birthplace, *Elk County*
8. Full Name of Father, *John Tilton*
9. Father's Occupation, *Stevedore*
10. Father's Birthplace, *Elk County*
Name of Medical Attendant, or other Person who makes this Return *John Tilton*
Address, *131 St. John St*
Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DANIEL J. MOSES.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant or other Person who makes this Return.

Address

Remarks

NOV 16 1883

Don Male

Nov. 3rd 1883

26. St. Balt. Pl.

Caroline Moses.

" 2nd

Balt.

Jacob Moss.

Merchant. Tailor

Bussia Farmstadt Germany

Edward J. Madson

87 Wright St.

67232

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, at the Office of Health, in the City of Baltimore, at the expiration of the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place of its birth, the names of the physician, or of a practitioner of midwifery, or of any other person be it in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall hereafter file the same, to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 3rd 1883

4. Place of Birth, (Street and Number)

116 N. Caroline St.

5. Full Name of Mother,

Mrs. Coran

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Dr. Howard W. Egan

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67234*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth. *2nd of Nov 1883*

4. Place of Birth, (Street and Number) *Parish, N. E. St. 104*

5. Full Name of Mother. *Alis Smith*

6. Mother's Maiden Name, *Alis Bank*

7. Mother's Birthplace, *Shawedgrass*

8. Full Name of Father, *Charles Andrew Smith*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Talbot County Md*

Name of Medical Attendant, or other Person who makes this Return *Lysia Somerville*

Address, *Colinton St*

Remarks,

NOV
12
1883

sections 6.—And be it further enacted, That every person trading in slavery in the City of Baltimore, under whose charge or superintendence a third child hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the General Land Office, and shall file the same in the office of the Mayor of Baltimore, within the first month, and shall set forth, as far as the same can be ascertained, the full name of each child in whose birth he has been concerned; the sex, color, the full name and occupation of its parents, the day and place of its birth, the time of its birth, the second and third day of each and every month in which the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, for such person shall be deemed to be a slaveholder, and shall be liable to the same penalties as such slaveholder should in other respects be; and in every child he shall set forth the name of the mother, and shall, within the period aforesaid required, except in the cases of the birth and deaths of illegitimately begotten, and in the case of the death of any child, set forth the name of the father, and shall also set forth the name of any person or persons who shall hereafter fail to comply with the provisions of this act, and shall be liable to the same penalties as such slaveholder.

NOV 22 1893

- JAMES B. MATT & CO., LTD. PLINTH AND STATIONERS.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct record of the births of all children born in the City, and shall file the same with the Registrar of the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of the month of January next ensuing the birth of each child, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the person can be ascertained, the name of the mother, the date and place of its birth, and the sex of the child, and shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Registrar of the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and the said schedule shall be retained by the Registrar of the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for a period of one year, and shall be subject to the inspection of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births occurring in the City, and shall cause the same to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of all persons who practice midwifery during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the name of the mother, the sex, color, the full name and occupation of its parents, the day and month of its birth, the name of the physician or midwife attending, and the name of the person who registers the birth, between the first and third day of each and every month to the next preceding, in the form of a certificate, which shall be signed by the physician, or of a practitioner of midwifery, or of a person who registers the birth, immediately thereafter. It shall then become the duty of the person so registered to sign the certificate, and to forward it to the Commissioner of Health, within the period above required, except in the case of the father and mother of the child, and in the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 3 the 1883*

4. Place of Birth, (Street and Number) *309 Clazanna*

5. Full Name of Mother, *Elizabeth Crawford*

6. Mother's Maiden Name, *Diamond*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Crawford*

9. Father's Occupation, *Wood turner*

10. Father's Birthplace, *Alexandria*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*

Address, *No 12 Patterson Park*

Remarks,

NOV
23
1883

Records of Vital Statistics in the City of Baltimore.

SECTION C.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, and every person who shall be employed by any person practicing midwifery in the City of Baltimore, shall be registered as such, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by him or her, and shall be delivered to the Registrar of Health, on or before the first day of January next following the year in which the same have occurred. In case the Registrar of Health shall be satisfied that the person so registered is a competent and reliable person, and that the schedule so delivered is a true and correct statement of the births which have occurred under his or her care, he shall sign and seal the same, and shall deliver the same to the Registrar of Health. In case the Registrar of Health shall be satisfied that the person so registered is not a competent and reliable person, or that the schedule so delivered is not a true and correct statement of the births which have occurred under his or her care, he shall refuse to sign and seal the same, and shall report the same to the Board of Health. In case the Board of Health shall be satisfied that the person so registered is not a competent and reliable person, or that the schedule so delivered is not a true and correct statement of the births which have occurred under his or her care, it shall order the same to be removed, and shall impose a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 3

4. Place of Birth, (Street and Number)

63 Allier Avenue

5. Full Name of Mother,

Lizabeth Schuster Cohn

6. Mother's Maiden Name,

Haugler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Schuster Cohn

9. Father's Occupation,

Iron Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise M. M. M.

Address,

236 Canton Ave

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Commissioner of Health with a schedule containing a list of the births which shall have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parent, the day and month, between the first and third day of each month, to which the birth of the child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex, (*state whether male or female*)

2. Race or Color, (*if not of the white race*)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

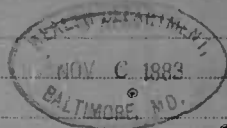
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Nov 4th / 83.

30. N Schroeder St

Fernika Puritz

Fernika Puritz

Germany

Georgy St. Dr.

Blacksmith

Baltimore City.

John J. Hays, M.D.

273 Lexington St.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all such births, and shall submit the same to the Board of Health, at the first meeting of the Board of Health, after the expiration of the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the day and hour of its death, the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

///

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov. 4th 1883*

4. Place of Birth, (Street and Number) *394 N. Gilman St.*

5. Full Name of Mother, *Mary E. Welsh*

6. Mother's Maiden Name, *Sathoron*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Wm. H. Welsh jr.*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *J. H. Christian M.D.*

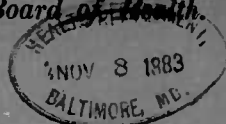
Address, *431 Penna. Ave.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67241

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



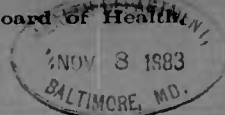
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth No. 4th 1883
4. Place of Birth, (Street and Number) Cor. Hancock & Jefferson
5. Full Name of Mother Regina Frailes
6. Mother's Maiden Name Wagner
7. Mother's Birthplace Balto. Md.
8. Full Name of Father William Frailes
9. Father's Occupation Lab. man
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Annie Green
- Address 634 Light St.
- Remarks

Correct Return of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 4 - 1883

4. Place of Birth, (Street and Number)

171 Mulberry St.

5. Full Name of Mother,

Josie Loutchins

6. Mother's Maiden Name,

Josie Conroy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Lee Loutchins

9. Father's Occupation,

Book-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 N. Poppleton St.

Remarks,

SECTION 10. It shall be the duty of every person practicing midwifery in the City of Baltimore, under the laws of this State, to keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if the child be named), the name of the mother, the name of the father, the date and place of its birth, and the sex of the child. The said schedule shall be delivered, duly signed by the midwife, to the Registrar of Health, on or before the first day of the month following the month in which the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th November 1880*

4. Place of Birth, (Street and Number) *No 92 Baiter Ave.*

5. Full Name of Mother, *Bennie Morgan*

6. Mother's Maiden Name, *Annie Kennedy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Morgan*

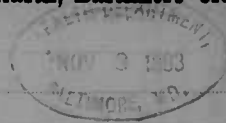
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Selma Grebaker*

Address, *No 122 Nat St*

Remarks,



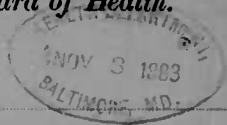
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (~~state whether~~ male or female)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth *11. A. 83*

4. Place of Birth (Street and Number) *141 N. Falls Ave -*

5. Full Name of Mother *Mary Adelaide Storchbridge*

6. Mother's Maiden Name *Cobb*

7. Mother's Birthplace *Mass*

8. Full Name of Father *Ernest L. Storchbridge*

9. Father's Occupation *Attorney at Law*

10. Father's Birthplace *Mass*

Name of Medical Attendant, or other Person who makes this Return. *Wm Eastman*

Address *299 Rept.*

Remarks *Natural.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name of the mother, the name of the child, the sex, the date and place of his birth, and the date of delivery. The full name and occupation of its parents, the day and certificate, between the first and third day of each and every month, in the form of a birth of any child shall occur without the attendance of a physician, or of a person acting as such, or of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *4. Oct.*

4. Place of Birth, (Street and Number) *37 Central ave*

5. Full Name of Mother, *Lena Schreiber*

6. Mother's Maiden Name, *Schroeder*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *John Schreiber*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. R. Roper M.D.*

Address, *48 N. Howard St. Baltimore*

Remarks,

OFFICE RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *17216*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th November

4. Place of Birth, (Street and Number) Baltimore Common No. 36

5. Full Name of Mother, Larrie Mary Abbott

6. Mother's Maiden Name, Elements

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, William H. Abbott

9. Father's Occupation, brick maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Ledley

Address, _____

Remarks, _____

NOV 9 1883

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose chance or superintendence a birth shall hereafter be taken, shall be bound to file and deliver to the Registrar of Vital Statistics, a true and correct return of the birth, to be retained by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, for sex, color, the full name and occupation of the parents, the day and month of birth, the day and month of delivery, the name of the physician, or of a practitioner of midwifery, or of any other person to whom the mother immediately thereafter has been subjected, and the name of the person to whom the child has been committed, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10

4. Place of Birth, (Street and Number) 15 338 13 340 Ave.

5. Full Name of Mother, Mrs. Charlotte Hartney

6. Mother's Maiden Name, L. A. A.

7. Mother's Birthplace, Germany

8. Full Name of Father, Stephen Hartney

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 15 338 13 340 Ave.

Remarks,

NOV 10 1883

sections 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall deliver the same to the Commissioner of Health, at the office of the Commissioner, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Commissioner of Health, at the office of the Commissioner, at the time of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, to be determined by the Board of Health, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

NOV 19 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 4th 1883

4. Place of Birth, (Street and Number)

10.186 Cross st

5. Full Name of Mother,

Emeline Blinnish

6. Mother's Maiden Name,

Dumble

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Blinnish

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaefer midwife

Address,

330 Hancock st

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Nov 4 1883
4. Place of Birth (Street and Number) 74 Guilbury
5. Full Name of Mother May Kild
6. Mother's Maiden Name " McTaggart
7. Mother's Birthplace Ireland
8. Full Name of Father James Kild
9. Father's Occupation Fireman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Brooklyn
- Address 171 N. Calvert
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 4th 1893*

4. Place of Birth, (Street and Number) *32 Bloom St*

5. Full Name of Mother! *Mollie Rupert*

6. Mother's Maiden Name, *Malone*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alexander Rupert*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return *Chas E Sadler M.D.*

Address, *160 South Hill Ave*

Remarks,

Leisure City

653

3335

Finnair

White

November 4th. 1883

36 Jefferson St

Chas. Wise

" Echino

Baltimore

Lewis Wise

Lewis & Clark
 Tail or

Saul or
Baltimore

M. A. Butt

Monument St

W. E. WEST & CO., 1311 PRINCE AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

NOV
17
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
female
Nov 6. 4th 1883
Premont st N W. Can. Transferred
Caroline Louise Lauterbach
C. L. Majer
Baltimore
Pres Lauterbach
Druggist
Baltimore
J. W. Peterson M.D.

120 Pearl st Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 4, Jan 1883

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant,

Mass. Dep. Fin.

Address.

Remarks.

[illegible]

1956

5

Kiss

1622.6a

NOV
15

November 4 / 1913

121 16 June 1871

Lithothamnium

Chloroform

Baltimore Md.

Reynolds v. United States

Vict. 3. 1871

Imperial

Henry A. Allen

...I shall forget it

4.

W. H. P. FLETCHER & CO., CITY PRINTER AND STATIONERS

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 67257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 24th 1883

4. Place of Birth, (Street and Number)

122 Lehigh St.
Agnes Murphy

5. Full Name of Mother.

Dr. C. J. McNeal

6. Mother's Maiden Name,

Delapid

7. Mother's Birthplace,

Richard Murphy

8. Full Name of Father,

Driver

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

Regina A. Windsor

Name of Medical Attendant, or other Person who makes this Return

186 Harford Ave

Address,

Remarks,

REVISION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Board of Health, on demand, with a schedule containing a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the day and hour of its delivery, the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report the same to the Board of Health, in the manner, and within the period above required, such report to be made in conformity with the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

November 4th

Elliott cor. Shipper

Josephina Keiser

Josephine

Baltimore

George Keiser

Labourer

Baltimore

Mrs Louise Kraft

236. Canton Ave

SECTION 6.—And be it further enacted and ordained: That every person presiding midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, during the month, and shall set forth, as far as the same can be ascertained, the following particulars of each child: its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar of Vital Statistics, immediately thereafter. It shall then become the duty of the Registrar of Vital Statistics to report the birth of each child to the Board of Health, in the manner and form provided by the Board of Health, and such report shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 5th 1883*

4. Place of Birth, (Street and Number) *114 Mosher*

5. Full Name of Mother, *Mary E. Glanding*

6. Mother's Maiden Name, *Coleman*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Thos. H. Glanding*

9. Father's Occupation, *Plasterer*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *Abraham M.D.*

Address, *431 Penna. Ave.*

Remarks,

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and the said schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person practicing midwifery, and shall be signed by the name of any inmate shall have been conferred, his sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the child of the parent or parents of such child to report its birth, to the Board of Health, in the manner, and within the period above prescribed, except in the case of illegitimate children, and in case of still-born children, and in case of children born with the placenta attached, and in case of children born in a time of influenza for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

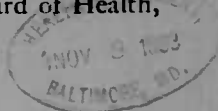
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
 1. Sex, (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *5th of November 1853.*
 4. Place of Birth, (Street and Number) *351 East Calver St.*
 5. Full Name of Mother, *Ann Dorsey*
 6. Mother's Maiden Name, *Ann Garrison*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Mich Garrison*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other Person who makes this Return *Brescintia Kunkel*
 Address, *71 North Chapel St. per Justina Kunkel*
 Remarks, *Healthy*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



67213

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Nov. 5th 83*

4. Place of Birth (Street and Number) *343 E. Lombard St.*

5. Full Name of Mother *Theresa Shauler*

6. Mother's Maiden Name *Theresa Minch*

7. Mother's Birthplace *Balto. Md.*

8. Full Name of Father *John Shauler*

9. Father's Occupation *Barman*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this return *P. S. Dausch*

Address *325 E. Baltimore St.*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov 5*
4. Place of Birth, (Street and Number) *44 Chestnut st*
5. Full Name of Mother, *Elen Summers*
6. Mother's Maiden Name, *Elen Skwell*
7. Mother's Birthplace, *Mass Hill* *ind*
8. Full Name of Father, *Charles Summers*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Mass Hill* *ind*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Leah Johnson*
- Address, *No 14 Edward st*
- Remarks, *Healthy Child*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1926

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 12

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Nov. 5

4. Place of Birth, (Street and Number)

34 stirring st

5. Full Name of Mother.

Jennie Dillson

6. Mother's Maiden Name,

Jennie Horsley

7. Mother's Birthplace,

Cherryfield md

8. Full Name of Father,

Benjamin Dillson

9. Father's Occupation,

Cook

10. Father's Birthplace,

Dorchester co md

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Leah Johnson

Address,

no 14 Edward st

Remarks,

healthy child

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall retain during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date of its delivery, and shall also enter on the said schedule the name of the person who attended the birth of such child, and shall also enter on the said schedule the name of the physician, or of a practitioner of midwifery, or of any other person, who attended upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and to the persons who shall hereafter be appointed for that purpose, and shall also pay to the Registrar of Vital Statistics, for each offense, to be recovered as other fines and penalties are recoverable, to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 67766

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5th. 1883

4. Place of Birth, (Street and Number) No. Chase St. near the Depot

5. Full Name of Mother, Lizzie Skiffen

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Skiffen

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Bull

Address, No. 185 S.E. cor Central av. & Monument St.

Remarks, All well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17567

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 5 1883

4. Place of Birth, (Street and Number)

243 Linnole St

5. Full Name of Mother,

Martha Weiller

6. Mother's Maiden Name,

Martha Stein

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Isaac Weiller

9. Father's Occupation,

Clothier

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

A. B. M. C. M. C.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67268

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 5 - 1883

4. Place of Birth, (Street and Number)

13 N. 7th St

5. Full Name of Mother,

Lora Fred

6. Mother's Maiden Name,

" Harris

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Israel Fred

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

H. Sheell M.D.

Address,

14 S. E. 1st St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67269

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 5th 1883

4. Place of Birth, (Street and Number)

303. Macdonald St.

5. Full Name of Mother,

Larisa Tabby

6. Mother's Maiden Name,

Shaw

7. Mother's Birthplace,

Talbot County

8. Full Name of Father,

Harry Tabby

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

J. E. Heard, M.D.
216. E. Monument St.

Address,

Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 Nov 1883

4. Place of Birth, (Street and Number) 398 N. Calver St.

5. Full Name of Mother, Maria Mogg

6. Mother's Maiden Name, " Deibel

7. Mother's Birthplace, Germany

8. Full Name of Father, James Mogg

9. Father's Occupation, Police Officer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return

Address, Wm. Warner M.D.

Remarks, Sh. Ken & Co. Baltimore

SECTION 100. Every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall be taken, shall be provided with a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife, or other person, as the case may be, and shall be returned to the Commissioner of Health, at the place of its birth, and the said schedule shall be delivered, duly signed, by the midwife, or other person, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the midwife, or other person, shall be absent from the City of Baltimore, or shall be unable to deliver the said certificate, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 November

4. Place of Birth, (Street and Number)

29 Eden

5. Full Name of Mother,

Annie Schmidt

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Schmidt

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 64273

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth Nov 5 1883

4. Place of Birth, (Street and Number) 63 Hartford St

5. Full Name of Mother Mary C. Mitchell

6. Mother's Maiden Name "Kernan

7. Mother's Birthplace Baltimore

8. Full Name of Father George E. Mitchell

9. Father's Occupation Plumber & Gas Fitter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edwin P. M. Smith

Address 24 W. 26th St

Remarks _____

NOV
15
1883

SECTIONS 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct account register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her command during the month, and shall set forth, as far as the nature of the case may require, the full name of each child, if born alive, and the name of the mother, and the date of birth, and the name of the physician, and the name of the place of birth, and the child schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, within the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be at all in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery, or of the physician, or of the person attending the mother, to fill up the schedule, and to deliver the same, as herein provided, to the Board of Health, within the time and in the manner herein prescribed. And in the case of the birth and death of illegitimate children, and in the case of any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) .

2. Race or Color, (if not of the white race)

3. *Date of Birth*,4. *Place of Birth, (Street and Number)* .

5. Full Name of Mother,.....:

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

JOHN F. HET & CO., CITY PRINTERS AND STATIONERS.

5727

Dumore City.

10th Nov 17 1885

- White
Nov 5th 1883
33.3 - Hay St
Mary E. Murray
" " " " " " " " " " " "
Baltimore
John Murray
Baltimore
Baltimore

Wm. L. Case M.R.

146 Monroe St

JAMES C. ELEY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

67276

NOV
10
1887

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *November 5th*
4. Place of Birth (Street and Number) *Baltimore Burgundy st No 132*
5. Full Name of Mother *Elizabeth Simms*
6. Mother's Maiden Name *Elizabeth Straup*
7. Mother's Birthplace *York Pa.*
8. Full Name of Father *George Simms*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Shaffer*
- Address *114 Ridgely St*
- Remarks

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose care and management a birth shall take place, shall be and he or she shall be liable to the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January, and shall be so entered as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), the date of its birth, the sex, the race or color, the place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the physician, or of a practitioner of midwifery, should neglect to deliver such certificate, he or she should be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable, and within the period above required, except in the cases of the birth, and death of illegitimate children, and any other person to be registered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Mar = 25 - 1883*
 4. Place of Birth, (Street and Number) *No 4 Paterson Park ave*
 5. Full Name of Mother, *Emma Cole*
 6. Mother's Maiden Name, *Burns*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Michael Cole*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Dr F Harrington*
 Address, *No 387 Eastern Ave*
 Remarks,

7279

121
1933

8th child
male

male

colored

november 5th

no 87 laden hall. 1st

emma clash

emma and her son

annandale county, &

john clark

laborer

Cambridge and

or other Person who
makes this Return.

or other Person who makes this Return *Mrs Lydia Porter*

healthy child

W. H. MITCHELL, CHIEF CLERK AND STATIONER.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said list shall be filed in the office of the Registrar of Vital Statistics, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to register the same in the office of the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth Stillborn

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) W.C.

3. Date of Birth, 5 November

4. Place of Birth, (Street and Number) Bauk Street No. 214

5. Full Name of Mother, Sophia Kargel

6. Mother's Maiden Name, " Wagner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edw. John Kargel

9. Father's Occupation, Kannmager

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. J. Maurer
or other Person who makes this Return

Address, Lombard Street 1124

Remarks, Lombard Street 1124

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 Nov. 1883

4. Place of Birth, (Street and Number)

184 Mulberry

5. Full Name of Mother,

Anna Seemann

6. Mother's Maiden Name,

Anna Thumbar

7. Mother's Birthplace,

Großed (Germany)

8. Full Name of Father,

Frederick Seemann

9. Father's Occupation,

Perfectioner

10. Father's Birthplace,

Wien (Austria)

Name of Medical Attendant, or other person who makes this return

W. H. Helmann

Address,

120 Pearl St

Baltimore

Remarks,

timore City.

42

2

Female

5th November

1842 Hamburg St.

Josephine Schickel.

Stephen Williams

Baltimore, Md.

Henry Schiffert

Cyril Box Baker

Baltimore Md

or other Person who
makes this Return

Person who
this Return *Wm. J. McFarland*

[Illegible handwritten notes]

JOHN B. FLETCHER & CO., - ITS PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of all the births which shall occur in the City of Baltimore, and shall file the same with the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and month of its birth, the day and month of its death, if it die within the month, or the day and month of its burial, if it be buried, and the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter; it shall then become the duty of the Registrar of Health to cause a copy of the foregoing to be made, and to be filed in the office of the Registrar of Health, and to be preserved in the office of the Registrar of Health, and to be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 5th 1883

4. Place of Birth, (Street and Number) 215 Canton St

5. Full Name of Mother, Lizzie Lang

6. Mother's Maiden Name, Lizzie Christ

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Lang

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. A. Mesingel

Address, 340 Penna Ave

Remarks,

SECTION C. - And he is further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall, before he or she shall practice, file with the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Gammas of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall be filed with the register of Health, and the full name of each child, the place of its birth, and the date of its birth, and the date of its delivery, and the date of its registration, between the first and third day of each and every month to the Board of Health. In case the child is born dead, or is born alive and dies within the first day of the month following its birth, the midwifery, or any other person, shall be liable to a fine of ten dollars for each offense, or to be removed as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, (or other Person who makes this Return)

Address.

Remarks:

Nov. 5. 1883

Laufstr No 59

Therese Ohm

Lorn

Berrien

Harb Ohm

Labaner

Hessen Darmstadt

Mrs. Joh. Rausch

88 Laufstr No 14

77287

Timore City.

30

2.

White

Nov. 6. 1883

182 N. Calvert

Mary A. Stiles

Page

Frederick, Md.

Wm J Stiles

Muchau!

Patte. Lich

J. F. Hale, M.D.

247 Hawale

[Handwritten signature]

NAME OF UNIT & NO. CITY, DISTRICT AND STATE/PR.

SECTION 6.—And he is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under any name or title, shall be and he is hereby required to keep a list of the births of every child born in the City of Baltimore, and to enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be kept by him or her as the same may be required, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall be without the attendance of a physician, or of a practitioner of midwifery, or if the parent or parents of such child shall fail to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 18 1883

4. Place of Birth, (Street and Number) Homely Land St 132

5. Full Name of Mother, Louise Hart

6. Mother's Maiden Name, Louise James

7. Mother's Birthplace, West River

8. Full Name of Father, Peter Hart

9. Father's Occupation, Boiler

10. Father's Birthplace, Petterburg Virginia

Name of Medical Attendant, or other Person who makes this Return Chollety Proctor M.D.

Address, No 15 Canton

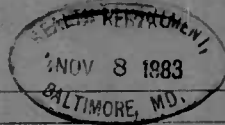
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17289

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

Nov. 14, 1883.

4. Place of Birth, (Street and Number)

809 G. Light St.

5. Full Name of Mother

Sarah C. King

6. Mother's Maiden Name

Hyatt

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Charles

9. Father's Occupation

Lab. Man

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

James G. Smith

Address

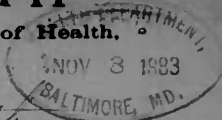
134 G. Light St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 6th 1883

4. Place of Birth, (Street and Number)

1617 W Lombard St - Habrute

5. Full Name of Mother,

Maggie Fisher

6. Mother's Maiden Name,

Scotland

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

M P M Saton
Rev Phelps

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

[illegible]

11/29/

g-

Male

2. Race or Color, (if not of the white race)

6 November

58 Pratt. street

Heatie Pittamoldy

Quickart

Baltimore

Geo. Ottamoldy

C. Clark

Baltimore

or other Person who
makes this Return

Sarah Casper

72. C. Lombard street

Remarks.

77292

NO 1
B
1883



1878

White

Apr 1 1883

Apr 3rd 1882

Mr. E. G. Lathrop, Esq.

Sept 11

13 a (line 1)

Geoff. Eilenor

1181-8

Germany

or other Person who
makes this Return.

Medical Attendant, or other Person who makes this Return

.....

JOHN E. HUNT & CO., CITY PRINTERS AND STATISTICIANS.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 6th 1883

4. Place of Birth, (Street and Number) Monmouth 7 Monument St.

5. Full Name of Mother, Rebecca Hamburg

6. Mother's Maiden Name, " Marsh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hamburg

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Ba Co.

Name of Medical Attendant, or other Person who makes this Return Henry C. Miller

Address, No. 85 16th cor Centre and Monument St.

Remarks, See file

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67294

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
10
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex (state whether male or female) Female
- Race or Color (if not of the white race) White
- Date of Birth Nov 4th 1883. 11.15 P.M.
- Place of Birth (Street and Number) 263 Hoffman St
- Full Name of Mother Hannah Hopwood
- Mother's Maiden Name " Bartholow
- Mother's Birthplace Louisville, Md.
- Full Name of Father Frederick Hopwood
- Father's Occupation Carpenter
- Father's Birthplace Frederick City, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Hoffmann
- Address 330 Pennsylvania Ave.
- Remarks

SECTION 6.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct record of all the births which occur during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, father's name, father's occupation, father's birthplace, name of medical attendant, and address of the same, and the said record shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st white*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 6, 1883*

4. Place of Birth, (Street and Number) *Easton St. No. 41*

5. Full Name of Mother, *Maria Lepussler*

6. Mother's Maiden Name, *Maria Baumann*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Jacob Schussler*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Petersburg, Va. U. S.*

Name of Medical Attendant, *or other Person who make this return* *Harry E. Miller*

Address, *112 S. 1st St. No. 26*

Remarks,

SECTION 4.—And he it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with him, and shall retain a copy of the same for his reference during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth certificate, to the mother, or to the father, or to the guardian of the child, or to the physician, or to the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and the duty of the parent or parents of such child to report its birth to the Commissioner of Health, and the duty of the parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 87297

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 6th 1883

4. Place of Birth, (Street and Number)

218 Sterling St

5. Full Name of Mother,

Francis Osterm

6. Mother's Maiden Name,

Francis Kolbice

7. Mother's Birthplace,

West River

8. Full Name of Father,

Edward Osterm

9. Father's Occupation,

Laborer

10. Father's Birthplace,

West Indies

Name of Medical Attendant,

or other Person who makes this Return

Harriett Jackson

Address,

No. 5 Forest St

Remarks,

Baltimore City

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67298

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth *Nov 1st 83.*
4. Place of Birth, (Street and Number) *21 Randall*
5. Full Name of Mother *Laura C. Vogel*
6. Mother's Maiden Name *Willey*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Guil. Vogel*
9. Father's Occupation *Labr.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return. *Amos C. Wright*
- Address *634 High St.*
- Remarks

Report of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67299

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Tues. November 6th 1883.
4. Place of Birth, (Street and Number) No. 137 Steicker St.
5. Full Name of Mother Augusta Schalter
6. Mother's Maiden Name Augusta Marx
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Schalter
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Stoll
- Address No. 57 Bantulee St.
- Remarks _____

That any Physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

67-300

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Celoid

3. Date of Birth November 6th 1883

4. Place of Birth, (Street and Number) South Bethel Street No 28

5. Full Name of Mother Jeannette Wilmore

6. Mother's Maiden Name Jeannette Kelley

7. Mother's Birthplace Baltimore MD

8. Full Name of Father John Wilmore

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Humphreys

Address 9 smallery near eden

Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67301

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 6, 1883

4. Place of Birth (Street and Number)

300 Lancaster St

5. Full Name of Mother

Lillie McLaughlin

6. Mother's Maiden Name

Lillie Eastman

7. Mother's Birthplace

Wisconsin

8. Full Name of Father

Daniel McLaughlin

9. Father's Occupation

Clark

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

W. H. Thomas M.D.

Address

66 E Baltimore St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 child

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

6 of November

4. Place of Birth, (Street and Number)

403 Alice Anna Street

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Mary Richards

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Smith

9. Father's Occupation,

Liberal

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary L. Swan

Address,

59 Myer's

Remarks,

Child

8 months

lived 12 hours

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
14
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *November 6th 1883*
4. Place of Birth, (Street and Number) *67 N. Schroeder Street*
5. Full Name of Mother, *Amanda J. Wise Lohmeyer*
6. Mother's Maiden Name, *Amanda J. Wise*
7. Mother's Birthplace, *Snydersburg, Carroll County Md.*
8. Full Name of Father, *Frederick H. Lohmeyer*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return *Susan Hunter*
- Address, *21 N. Poppleton St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *6/7/304*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *161 N Lombard*

Remarks,

Kind

Female

White

Nov 6th 1883

Maternity - 161 N Lombard

Emma Miller

Virginia

E. T. Waddle

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 6 1881

4. Place of Birth, (Street and Number)

154 N. High St

5. Full Name of Mother,

Maggie Crosby

6. Mother's Maiden Name,

Hard

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Mathew Crosby

9. Father's Occupation,

Grass Trimmer

10. Father's Birthplace,

Balt

Name of Medical Attendant,

or other Person who makes this Return

Address,

Wm. H. Bridges M.D.

Remarks,

[illegible]

11/20/07

NOV
22
1823

Female

White

November 6th 1883

No. 6. Barnes Str.

Marie Kliment

Ujvoda

Privetie Bohemia

Anton Kliment

Labor.

Bezdekov Bohemia

or other Person who
makes this Return

No 20. Barnes Str

Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Louisa Amelia Falt*

NOV
26
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 6 1883*
4. Place of Birth, (Street and Number) *83 East St.*
5. Full Name of Mother, *Louisa (Falt) H. Falt*
6. Mother's Maiden Name, *" (Falt) H. H. H.*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *William Falt*
9. Father's Occupation, *Optician*
10. Father's Birthplace, *Ind.*
- Name of Medical Attendant, *or other Person who makes this Return.* *Dr. J. C. H. H.*
- Address, *Baltimore, Md.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

64309

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 116

NOV
26
1883

1. Sex (state whether male or female) _____
 2. Race or Color, (if not of the white race) W _____
 3. Date of Birth November 6 1883 _____
 4. Place of Birth, (Street and Number) N. 257 Park Avenue _____
 5. Full Name of Mother Jennie Samuels _____
 6. Mother's Maiden Name Jennie McFadden _____
 7. Mother's Birthplace Balt _____
 8. Full Name of Father Rupert Samuels _____
 9. Father's Occupation Machinist _____
 10. Father's Birthplace England _____
- Name of Medical Attendant, or other Person who makes this Return. S. L. L. _____
- Address 23 Franklin _____
- Remarks _____

111
F-311
Ultimate City

Baltimore City.

.) *S*

Female

Black

Nov 6/83

146 Durham

Piretech Rolls

Kupper

Baltimore

Score Rolls

Latvian

Labors
Baltimore

Yrs. Truly & Warmly

931 Canton

236 Elm.

WILLIAM B. FLYNN & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6/3/2

111
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
27
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 6th 1883*
4. Place of Birth (Street and Number) *205 Johnson St*
5. Full Name of Mother *Annie McNamee*
6. Mother's Maiden Name *" Wheeler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Michael McNamee*
9. Father's Occupation *Ship Carpenter*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *Dr C. A. Cooke M.D.*
Address *110 Ford Avenue*
Remarks

Section 6. - and be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, under the laws of this State, shall be and he is hereby required to keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commission-
 er of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month in and shall be forthwith, as far as the same can be ascertained, the full name of each child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the child or any child shall be born dead, or a stillborn, or a premature, or a child of illegitimate birth, or the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Mar. 6. 83.

4. Place of Birth, (Street and Number) Fremont St No 125

5. Full Name of Mother, Wm. Emmert

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Balt.

8. Full Name of Father, Andrew Emmert

9. Father's Occupation, Tailor

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. Lohr, M.D.

Address, 211 W. 1st St.

Remarks, _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67-314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
27
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 7 "1883"

4. Place of Birth (Street and Number)

548 S. Charles st

5. Full Name of Mother

Kate Hoffman

6. Mother's Maiden Name

" Pomeroy

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Wm G. H. Hoffman

9. Father's Occupation

Paper Hanger

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

O. A. Cooke M.D.

Address

110 Fort Avenue

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67-316

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st. 2d. 3d. &c.)

First (1st)
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar 7th 1883

4. Place of Birth, (Street and Number)

260 Disquith St

5. Full Name of Mother.

Lora Steinmeyer

6. Mother's Maiden Name,

Gravenstein

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas. Steinmeyer

9. Father's Occupation,

Dyecker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Regina A Winter

Address,

186 Hartford Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

Nov. 7 - 1893

304 Canton Sts.

Rosa Beck

Heinrich

Baltimore Md

Charles Beck

Laborer

Baltimore

Mary Stein

151 E. Pratt St

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births, and shall submit the same to the Board of Health, at the City Hall, on or before the first day of the month of January, next ensuing, and shall submit a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the first and third day of each and every month, in which the child was born. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should on other person be attended upon the mother, immediately thereafter, it shall then become the duty of the parent or person attending the mother, to report the same to the Board of Health, and to file a true and correct copy of the same in the office of the Registrar of Vital Statistics, on or before the first day of the month of January, next ensuing. And be it further enacted, That any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 7th. 1883*

4. Place of Birth, (Street and Number) *50 Davis St.*

5. Full Name of Mother, *Annie Dile*

6. Mother's Maiden Name, *Annie Craik*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *Chs. Dile*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *M. A. Birt*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*

SECTION 8.—And be it further enacted and ordained, That every person hereinafter being a true and lawful inhabitant of Baltimore, under the charge of the Board of Health, shall keep a true and correct record of the births occurring in his family, and shall enter the same on a blank schedule to be furnished by the Committee on the part of the Board of Health. This schedule shall contain a list of the births which have occurred, under his or her care, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name which may be given, the day, month and year of its birth, the name of the father, the name of the mother, the sex, the color, the date of birth, the place of birth, the name of the medical attendant, the name of the physician, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the mother or father, or both, shall be bound to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. DEC 15 1883

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 7th 1883

4. Place of Birth, (Street and Number) 30 Davis St.

5. Full Name of Mother, Annie Dill

6. Mother's Maiden Name, Crain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Dill

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return W. A. Butt

Address, 185 S.E. cor Central av. & Monument St

Remarks, All Well

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the name of the mother, the name of the child, the date and place of its birth, and the sex, color, and age of the child, and the name of the physician, or of a practitioner of midwifery, or of any other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child, to report to the Registrar of Births and Deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

DEC
15
1883

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 7th. 1883*

4. Place of Birth, (Street and Number) *211 Bond St.*

5. Full Name of Mother, *Maggie Miller*

6. Mother's Maiden Name, *Wiggie Marshall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Miller*

9. Father's Occupation, *Show Case Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. F. Bull*

Address, *No 185 S. E. cor Central av. Volturnment St.*

Remarks, *All Well*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of such birth, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth took place. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the name of the physician, or of a midwife, or of a person who attended the birth, and the name of the person who attended the birth of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a person who should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons who shall hereafter file the same, to cause the birth to be recorded, and the duties of this section shall be complied with, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Irish German

3. Date of Birth, 7th December 1883

4. Place of Birth, (Street and Number) 338 Clinton St

5. Full Name of Mother, Annie Falk

6. Mother's Maiden Name, Annie Reinhard

7. Mother's Birthplace, American Baltimore

8. Full Name of Father, Thomas Falk

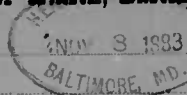
9. Father's Occupation, Carpenter

10. Father's Birthplace, American Baltimore

Name of Medical Attendant, or other Person who makes this Return John Hill

Address, Laurel St 13

Remarks, Well



117322

timore City.

JOHN H. FLY & CO., CITY PRINTERS AND STATIONERS.

first

male

White

Nov. 7th 1883

335 W. Fayette St.

Emily C. Cogswell

Rawlings

Julio 14

Chas. Edw^d Cogswell

Carpenter

Baltimore City

J. H. CHRISTIAN, M. D.
431 Penn. Av. Cor. Wilson.

Remarks.

67-323

timore City.

4

Female

NOV 9 1983

7 November

62 President

Katic Bastarda

Kosta

Italy

Handy Bastanola

Mustard

P. taly

Sarah Casper

72 E. Lombard street

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 7th 1883*
4. Place of Birth (Street and Number) *Baltimore Montgomery St. No. 232*
5. Full Name of Mother *Mary Granger*
6. Mother's Maiden Name *" Little*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nathaniel Granger*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Dorchester County*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Seabroough*
Address *112 220 Montgomery St. Balt*
Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

November 7th 1883

No 67 Parkin st

Ada Mc Millan

Ada Brughan

Baltimore City, Md

Thomas Mc Millan

Labour

Baltimore City, Md

T Edwards Kirby

82 Columbia Avenue

NOV 8 1883

Md

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 7th

4. Place of Birth, (Street and Number)

18 Amintad Lane
Ellow Kirk

5. Full Name of Mother,

" Louwers

6. Mother's Maiden Name,

Ireland

7. Mother's Birthplace,

Louwers Kirk

8. Full Name of Father,

Laborn

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. C. Bunch M.D.
151 Hanover St

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

67527
Fourth
Male
White
Nov. 7th 1883
137 Saratoga St.
Caroline M. Herman
Caroline v. d. Wottern
Baltimore
George John Herman
Clerk
Baltimore

Mrs. Mammel
Saratoga str 228.

SECTION 6. And be it further enacted and ordained, That every person practicing the business of a Registrar of Births and Deaths, or whose change or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the Registrar, and shall be signed by the Registrar, the date and place of its birth, and the said schedule shall be delivered, duly signed by the Registrar, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the Registrar shall neglect to deliver the said schedule, or shall deliver the same after the third day of the month, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

10
1893

1. Sex, (state whether ~~male~~ female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 26, 1893*

4. Place of Birth, (Street and Number) *N. Dallas St. 13209*

5. Full Name of Mother, *Mary Schmidt*

6. Mother's Maiden Name, *Mary Francis*

7. Mother's Birthplace, *Gump, N. H. Prussia, Europe*

8. Full Name of Father, *John Schmidt*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Gump, N. H. Prussia, Europe*

Name of Medical Attendant, *Mary E. Miller*

or other Person who makes this Return

Address, *N. Dallas St. 13209*

Remarks,

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery at any time or times within the City and County of Baltimore, under any and every name, shall enter the name of a child born by her or him, on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full names of each child, of any name which have been conferred upon the child, and the date of birth, and the date of the birth certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance, such person shall be bound to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child
Nov 18 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Nov 7th 1883

4. Place of Birth. (Street and Number)

No. 72 Sharp St.

5. Full Name of Mother,

Eliza Mc. Coy

6. Mother's Maiden Name,

Harrison

7. Mother's Birthplace,

England

8. Full Name of Father,

Joseph Mc. Coy

9. Father's Occupation,

Merchant

10. Father's Birthplace,

England

Name of Medical Attendant,

or other Person who makes this Return

J. Schwaeser midwife

Address.

330 Bonaville St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67330

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov- 7 1883

4. Place of Birth, (Street and Number)

343 South Bond St

5. Full Name of Mother,

Catherine Titepaud

6. Mother's Maiden Name,

Catherine Macan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Elozas Titepaud

9. Father's Occupation,

Tavern Keeper

10. Father's Birthplace,

Cape Britton Canada

Name of Medical Attendant,

or other Person who makes this Return

Mrs Louisa Smith

Address,

name of child Kate Titepaud

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67331

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11d.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Novem. 7th 1883.
4. Place of Birth, (Street and Number) 671 Light St.
5. Full Name of Mother Sarah F. Lewis.
6. Mother's Maiden Name K. King.
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Charles H. Lewis.
9. Father's Occupation Captain of a boat.
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return. Amos. Gould.
- Address 634 Light St.
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth 7 November
 4. Place of Birth, (Street and Number) 385 Alice Ann Street
 5. Full Name of Mother Marie Janacke
 6. Mother's Maiden Name Baumback
 7. Mother's Birthplace Grandenz Germany
 8. Full Name of Father Karl Baumback
 9. Father's Occupation — — — — —
 10. Father's Birthplace Snesen
- Name of Medical Attendant, or other Person who makes this Return. Marie Güttnen.
 Address S. Wolfe Street 245.
 Remarks — — — — —

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Hermann Novin Felt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 7/83

4. Place of Birth, (Street and Number)

cc. Holliday & Centre St.

5. Full Name of Mother,

Chape Novinsky

6. Mother's Maiden Name,

Chape Novinsky

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Mos Novinsky

9. Father's Occupation,

Driver

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Justman

Address,

6 Broad Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67334

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, November 7th 1883
4. Place of Birth, (Street and Number) 26. South Dallas St. Baltimore
5. Full Name of Mother, Annie Elizabeth Commons
6. Mother's Maiden Name, Annie Elizabeth Barnes
7. Mother's Birthplace, Baltimore, Md. D.
8. Full Name of Father, George Harrison Commons
9. Father's Occupation, Brick-making and oyster-schucking
10. Father's Birthplace, Baltimore Md. D.
- Name of Medical Attendant, or other Person who makes this Return W. H. Smith
- Address, _____
- Remarks, _____

7733

Baltimore City

Birth

- NOV 22 1933
m. Lee
LIBRARY

JOHN B. FRY & CO., CITY PRINTERS AND STATIONERS.

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c.) *L. L. L.*

Female

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Nov 7 the 1283

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Kate Connor

Baltimore.

✓

Salary

Palmer

Alb. Wiley.

Patherson Park, N. C.

UNITED STATES OF AMERICA, CITY OF NEW YORK AND STATE OF NEW YORK

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

67337

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 31
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 8th 1883
4. Place of Birth, (Street and Number) 251 Lee St.
5. Full Name of Mother Alice A. Dobson
6. Mother's Maiden Name Riley
7. Mother's Birthplace E. S. Md
8. Full Name of Father Char. C. Dobson
9. Father's Occupation Bailor Master
10. Father's Birthplace Morfolk Va
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Harmon T. Barnes St.
- Remarks _____

f 7338

timore City.

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Mar. 8. 83

For Angel & Blue /

From Wm. H. R. M. M.

Huber

Bureau

Joseph P. ...

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Permanence

Mr. J. H. Bunker

6. 10. 1944

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77339

timore City.

2.) *Inc*

Make

Black

November 8/23

149 Carolina

Harriet Amster

Amst'rs

Maryland

John Alexander

Salver

Baltimore

Mrs Louise Kraft

236 Canton Ave

WILLIAM B. FLYNN & SONS, CITY FOUNTAINS AND STATUENKES.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67340

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 8th 83

4. Place of Birth, (Street and Number)

141 Penna Ave

5. Full Name of Mother,

Elizabeth Bailey

6. Mother's Maiden Name,

Elizabeth Seal

7. Mother's Birthplace,

Wash

8. Full Name of Father,

John J. Bailey

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return

J. Miller, M.D.

Address,

188 Franklin St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/24/11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

1111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 8 - 1883

4. Place of Birth, (Street and Number) 42 Tison St.

5. Full Name of Mother, Isabella Riegel

6. Mother's Maiden Name, Kayle

7. Mother's Birthplace, Alexandria, Va.

8. Full Name of Father, Louis Riegel

9. Father's Occupation, Coach

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt

Remarks,

77312

1283

3rd Child

girl

W. L. L.

John A. Harman, Esq.

Lin. Col. 4th and Madison 7

Mary Barbra Milbrer

Mary Barber Miller.

J. C. ...

John Miller.

Butcher

Elizabeth

Christian Kessel

71 North Chapel - to parsonage house.

Really,

JOHN B. FLETCHER, JR., CITY PRINTER AND STATIONER.

Compare Records of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67343

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 8th 1883.

4. Place of Birth, (Street and Number)

656 W. Baltimore St.

5. Full Name of Mother,

Annie M. Whalen.

6. Mother's Maiden Name,

Annie M. Savage.

7. Mother's Birthplace,

County Dublin, Ireland.

8. Full Name of Father,

James B. Whalen.

9. Father's Occupation,

Saloon.

10. Father's Birthplace,

City Limerick, Ireland.

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 W. Bayreton St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth which shall occur under his or her charge, and shall cause the same to be entered in a book, to be kept for that purpose, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child till any name shall have been conferred; the sex, color, the full name and occupation of its parents, the day and place of its birth, at what hour and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or of the person or persons who shall hereafter fail to comply with the provisions of this section, to cause the birth of such child to be registered in the book, and in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *November 8th 1883*

4. Place of Birth, (Street and Number) *235 N. Caroline Street*

5. Full Name of Mother, *Eva Gilbert*

6. Mother's Maiden Name, *Coyner*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *William Gilbert*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *J. E. Storer M.D.*

Address, *Edwards families Street*

Remarks,

of Section 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to register as a midwife, and to keep a true and correct register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be returned to the Commissioner of Health, on or before the first day of the month following the month in which the births have occurred. And the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the midwife shall neglect to return the said schedule, or shall fail to sign the same, or shall fail to deliver the same, or shall fail to deliver the same in the manner and form required, or shall fail to deliver the same within the period above required, except in the case of the birth and death of illegitimate children, and any person who shall be guilty of any of the foregoing offenses, shall be liable to a fine of not less than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, No 8 1883

4. Place of Birth, (Street and Number) Robt St No 16 1/2

5. Full Name of Mother, Julie Harris

6. Mother's Maiden Name, Julie Corbett

7. Mother's Birthplace, Charleston S.C.

8. Full Name of Father, Bill Harris

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas H. Hollister

Address, 10 Carlton St

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under the charge or supervision of a licentiate, shall be required to submit to the Board of Health, during the month of January, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, name, birth, race or color, the date and place of birth, the day and hour of delivery, and the name of the licentiate, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be present at the birth, and the name of the licentiate be not known, the licentiate should, within the period above required, except in the case of the birth in the Board of Health, in the manner, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24 3^d

1. Sex, (state whether male or female) Female and male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th December 1883

4. Place of Birth, (Street and Number) Benz St 22 Capeton

5. Full Name of Mother, Anni Thieraus

6. Mother's Maiden Name, Anni Schmill

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Thieraus

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Dr. Mill

Address, W. Lane St

Remarks, W. Lane St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 10 1883.

NOV
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Nov 8th 1883

4. Place of Birth, (Street and Number) 244 Eastern Ave.

5. Full Name of Mother, Emma Baselhoff.

6. Mother's Maiden Name, Emma Stiber.

7. Mother's Birthplace, America.

8. Full Name of Father, Christian Baselhoff.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, (V)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

gth
M
Colored
Nov gth
17 Oxford St
Rachel Gamett
?
?
Charles H. Gamett
Driver
M
Dr R. Winslow
201 W. Biddle St

NOV
10
1903

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 2 1883*

4. Place of Birth, (Street and Number) *341 South Bond St*

5. Full Name of Mother, *Charlott Farren*

6. Mother's Maiden Name, *Charlott Mitchell*

7. Mother's Birthplace, *Scotland*

8. Full Name of Father, *Edward Farren*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Mrs Louisa Smith*

Address, *Home of the child*

Remarks, *William Henry Farren*

NOV
12
1883

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 8th 1883*

4. Place of Birth, (Street and Number) *No 472 Penna Ave.*

5. Full Name of Mother, *Fredricka Brothmann*

6. Mother's Maiden Name, *Saul*

7. Mother's Birthplace, *Shiraz*

8. Full Name of Father, *Alfred Brothmann*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Shiraz*

Name of Medical Attendant, or other Person who makes this Return *C. Schmitt*

Address, *No 348 Penna Ave.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
14
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 November 1883

4. Place of Birth, (Street and Number)

No 2 N Pappleton St

5. Full Name of Mother,

Maggie Bantz

6. Mother's Maiden Name,

Maggie Karanango

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Bantz

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Hamilton

Address,

21 N Pappleton St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/9/30

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th 5*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov. 5th*
4. Place of Birth, (Street and Number) *44. Carlton St*
5. Full Name of Mother, *Fanny Sheppard*
6. Mother's Maiden Name, *Fanny Young*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Carroll County Steen Young*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Carroll County*
- Name of Medical Attendant, *Milly Blake*
or other Person who makes this Return
- Address, *53. Carlton St*
- Remarks, *Lived seven days and died with convulsions*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1734

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Nov. 8th 1883

4. Place of Birth (Street and Number) 18 Orchard St.

5. Full Name of Mother Sarah Smith

6. Mother's Maiden Name Washington

7. Mother's Birthplace Balto. City

8. Full Name of Father George L. Smith

9. Father's Occupation Porter

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson, M. D.

Address 41 Orchard St.

Remarks Balto. Nov. 12/83.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
22
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Remember the 8 1888*

1. Sex (state whether Male or Female) *A male Child in good health*

2. Race or Color (if not of the white race) *A color Child*

3. Date of Birth *November Th 8 - - - - 1893*

4. Place of Birth (Street and Number) *West. St - - - - 186.*

5. Full Name of Mother *Mary L. Palmer*

6. Mother's Maiden Name *Mary right*

7. Mother's Birthplace *Queen Anne's county Maryland*

8. Full Name of Father *L. J. Palmer virginia north this*

9. Father's Occupation *is a sailor*

10. Father's Birthplace *North mabeown country virginia*

Name of Medical Attendant, or other Person who makes this return *Diana Campos must 21 155*

Address *his address can not be get. She is*

Remarks *as good as a Dr. for any one*

In. Baltimore City

RETURN 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under these charges or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each month, send to the Registrar of the Board of Health a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of such child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and month of its birth, the day and month of its death, if it shall have died, the name and position of the physician, or of a practitioner of midwifery, or of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, in case the birth of any child shall occur upon the mother, immediately thereafter, it shall then become the duty of the Registrar to cause a search to be made of the records of the Board of Health, and if he shall find any person or persons who shall have failed to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 8th 1883.

4. Place of Birth, (Street and Number)

No 40. Abbott Str

5. Full Name of Mother,

Josephina Supik

6. Mother's Maiden Name,

" Ivec

7. Mother's Birthplace,

Chlum Bohemia

8. Full Name of Father,

Vaclav Supik

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Waltzow Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No 20. Barnes St

Remarks,

NOV
22
1883

Missing

67359

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

6736
(202)
NOV
24
1893

Name of child: William T. Briggs
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 65 E Cumberland St
4. Place of Birth (Street and Number) Nov 8 1893
5. Full Name of Mother Briggs
6. Mother's Maiden Name
7. Mother's Birthplace Balto
8. Full Name of Father Thos Briggs
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. A. C. Polo
Address No 1 North St
Remarks Baltimore

SECTION 6.—And to it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, together with a statement of the name, sex, color, and date of birth, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, who shall be designated by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 1896

4. Place of Birth, (Street and Number)

797 West Pratt Street

5. Full Name of Mother,

Ana Hoff

6. Mother's Maiden Name,

Ana Rich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Serdinand Hoff

9. Father's Occupation,

Habinetmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Luyler

Address,

20 North Schroeder St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be subject to the provisions of this section, and shall be liable to the penalties therein provided. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be subject to the provisions of this section, and shall be liable to the penalties therein provided. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be subject to the provisions of this section, and shall be liable to the penalties therein provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17-362

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 9/22*

4. Place of Birth, (Street and Number) *6 Homestead*

5. Full Name of Mother, *Mary Schmier*

6. Mother's Maiden Name, *Edwards*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Schmier*

9. Father's Occupation, *Captain*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. Louis Kraft*

Address, *236 Canton*

Remarks,

ARTICLE 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be licensed by the Board of Health, and shall keep a book, in which shall be entered a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, and the name of the mother, and the name of the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the parent or parents of such child, shall be liable to a fine of ten dollars for each child, and shall be liable to a fine of ten dollars for each failure, to be recovered in either case and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Mrs. Elizabeth Boly

120 Bank st

EXAM. BY HEALTH. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, and any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the midwife, or other person, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the time, and under the penalties hereinafter provided, the cases of live births and deaths of illegitimate children, and any persons or persons who shall be convicted of any offense, to be recovered as other fines and penalties are recoverable, to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant.

Address,

Remarks,

or other Person who makes this Return

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore during the year, and shall be filled up by the midwife or other person who has been in attendance upon the birth, and shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, or to the place of its birth, and the said schedule shall be preserved by the Board of Health, or by the Commissioner of Health, or by any other person, until the first day of the next ensuing year, when it shall be destroyed. And be it further enacted, That any person who shall fail to comply with the provisions of this section shall be subject to a fine of not dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 67366

- No. of Child of Mother, (state whether 1st, 2d, &c.) 2d, 2d (c.)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Nov - 7th
4. Place of Birth, (Street and Number) 53 Hamburg Street
5. Full Name of Mother, Caroline Roeder
6. Mother's Maiden Name, Car Caroline Rose Koehlein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Roeder
9. Father's Occupation, Glass Works
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. W. W.
- Address, 1 Lombard Street
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NO 1
91
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1
Female
White -

Nov. 9, 1883

38 St. Eglar St

Hannah Preggi
Hannah Van Witsen

Pratt

Dominic Preggi

Cigar Merchant

France

A. R. Moore M D

Missing
67368

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1883

9th

of November

4. Place of Birth, (Street and Number)

Baltimore Hurby Lane No 1

5. Full Name of Mother,

Mary annie goodmuth

6. Mother's Maiden Name,

Mary annie Taylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George J. Goodmuth

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Susan Hunter

Address,

21 N. Taylor St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *5:15th P.M. 9th November, 1883.*
 4. Place of Birth (Street and Number) *99 Wilson St, Baltimore, Maryland.*
 5. Full Name of Mother *Annie Barron Medinger*
 6. Mother's Maiden Name *Annie Barron*
 7. Mother's Birthplace *Baltimore, Maryland.*
 8. Full Name of Father *Gerrison Horton Medinger*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Baltimore, Maryland.*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. D. Smith M.D.*
 Address *236 N. Howard St*
 Remarks *Not quite seven months*

67370

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 9th 1883

4. Place of Birth, (Street and Number)

417 Paratoga St

5. Full Name of Mother,

E. Anna Baining

6. Mother's Maiden Name,

Anna Ireland

7. Mother's Birthplace,

Berlin Germany

8. Full Name of Father.

Edward Baining

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Washington Co Maryland

Name of Medical Attendant, or other Person who makes this return

Wm. Mann (Midwife)

Address,

Paratoga St. 228

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67372

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth November 9th 1883

4. Place of Birth, (Street and Number) No 21 Burroughs st

5. Full Name of Mother Mary E. Butcher

6. Mother's Maiden Name Mary Rouse

7. Mother's Birthplace France

8. Full Name of Father Antoine Butcher

9. Father's Occupation Brick Layer

10. Father's Birthplace France

Name of Medical Attendant or other Person who makes this Report Mrs Sarah Leonard mid wife

Address No 317 Port Avenue

Remarks mother delivering well child very weak

and weighs too pounds

67373

NOV
13
1883

corrected for the confounding effect of age.

- Baltimore Co. Ind.
O. Edw. J. J. Wm. W.
2421 E. East St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9th/83

4. Place of Birth, (Street and Number)

11 Metairie Valley

5. Full Name of Mother,

Bridget Kelly

6. Mother's Maiden Name,

Harb

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Kelly

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Silas B. Hunter M.D.

Address,

36 Green Mt Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *November 9th 1893*
 4. Place of Birth, (Street and Number) *No. 11 Little McEldery St.*
 5. Full Name of Mother, *Fanny Levin*
 6. Mother's Maiden Name, *" Block*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Louis Levin*
 9. Father's Occupation, *Pedler*
 10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Band Levin*
- Address, *113 E. Lombard St.*
- Remarks,

~~OWNER NAME ADDRESS~~

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether male or female)

ANNA E. MERRYMAN

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

1893

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return.

Address.

Remarks,

[illegible]

7310

NOV
1957

12th

Male

White

November Tenth

4-5-9 E Chase Street

Elinor L. Siegmund

Elizabeth French

Germany

German, Henry, Lieberman

Carpenter.

German.

or other Person who
makes this Return

Kenia Hills, 1-

182. E. Monmouth 1-2

JOHN P. FINE & CO., TYPE PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

67381
NOV 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2nd)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 9th 1883

4. Place of Birth (Street and Number)

454 E. Bager Street

5. Full Name of Mother

Hannah Dorsey Stoddard

6. Mother's Maiden Name

"Bager"

7. Mother's Birthplace

Balto City

8. Full Name of Father

Roland Graham Stoddard

9. Father's Occupation

Chief Engineer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

James E. Whitford M.D.

Address

195 Arisquith Street

Remarks

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with him, and shall retain the original of the same, and shall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and month of its birth, and the full name and occupation of the physician, or of a practitioner of midwifery, or of any other person be it, attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall report the birth to the Board of Health, in the manner, and within the time, and under the penalty, provided in this section, to file the same with the Commissioner of Health, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

86

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 10. 83.

4. Place of Birth, (Street and Number)

4. Franklin St.

5. Full Name of Mother,

Anna Schmitt

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Leona Schmitt

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Wm. L. B. B. B.

Address,

111 W. 1st St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1
Female
white

10 Nov 1883

350 Calhoun St

Mary Richter

" Buck

Baltimore
Christian Richter

Builder

Germany

M. H. Morris, M.D.

Shelton & Son

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *November 10*

4. Place of Birth (Street and Number) *Baltimore Ridgely st to 62*

5. Full Name of Mother *Elizabeth Bradley*

6. Mother's Maiden Name *Elizabeth Keyser*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edward Bradley*

9. Father's Occupation *Seaborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Shaffer*

Address *114 Ridgely St*

Remarks

67-352

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under the name of a nurse, shall enter this return on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been registered, the date of birth, the race or color, the sex, the day, month and year of birth, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should to other person be in at, or in the case of, the mother, or of a practitioner of midwifery, or of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10 1883

4. Place of Birth, (Street and Number) 10. 91. S Broadway

5. Full Name of Mother, Mrs Emma Roman

6. Mother's Maiden Name, Gradina

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Roman

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs George H. K.

Address, No 55. S Broadway

Remarks,

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, within the time specified during the month, and shall set forth as far as the same can be ascertained, the full name of each child if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, at the time specified, and to the Registrar of Vital Statistics, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Male

White

November 10th 1883

346 E. Eager St

Annie Webb

Maryland

Baltimore

John S. Webb

Expressman

Baltimore

J. C. Stowell

346 E. Eager St

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH 67387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *Marguerite Donhoff Miller Easter*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 10th 1883*

4. Place of Birth, (Street and Number) *470 Madison Ave*

5. Full Name of Mother, *Margaret E. Easter*

6. Mother's Maiden Name, *Margaret E. Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Easter*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. J. Semmes*

Address, *No. 2 Cath. Arch St.*

Remarks,

NOV
13
1883

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6/388

To the Office of Registrar of Vital Statistics, Board of Health.

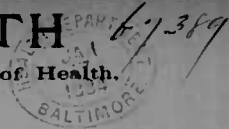
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 30 PM Saturday Nov 10th 1853
4. Place of Birth, (Street and Number) 95 Chesapeake St
5. Full Name of Mother Louisa Josephine Mathews
6. Mother's Maiden Name L J Riggs
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jacob Mathews
9. Father's Occupation Rigger at the Copper Works
10. Father's Birthplace Wales
- Name of Medical Attendant, or other Person who makes this Return J E Richard M.D
- Address 28 O'Donnell St
- Remarks Easy and natural labor Both mother and child
are doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 10 1885*

4. Place of Birth, (Street and Number) *26 Patterson Pl. An.*

5. Full Name of Mother, *Lezzie Barker*

6. Mother's Maiden Name, *Lezzie Blake*

7. Mother's Birthplace, *Ct. Baltimore*

8. Full Name of Father, *L. A. Barker*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *C. H. Johnson M.D.*

Address, *2575 Lehigh Ave.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67390

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20th November*
4. Place of Birth, (Street and Number) *18 Wall Street No 16*
5. Full Name of Mother, *Mary Donnelly*
6. Mother's Maiden Name, *Mary Miller*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Daniel Donnelly*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attending, or other Person who makes this Return *Thomas Donnelly Midwife*
- Address, *No 18 Wall Street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 13th 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth November 10th 1883.

4. Place of Birth, (Street and Number) 197¹/₂ Broadway.

5. Full Name of Mother Minnie Moeller.

6. Mother's Maiden Name Minnie Doelkers.

7. Mother's Birthplace Germany.

8. Full Name of Father Frederick Moeller.

9. Father's Occupation, Cigar-maker.

10. Father's Birthplace Germany.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary Amend.

Address 16-167 Wolfe St.

Remarks, *Am*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

67392

NOV
15
1902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

1st
Male
White
Nov 11
1002 E. Lombard St
Martha Powell
Martha Powell
Baltimore
Alexander Powell
Teacher
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

212 N. Howard St

Remarks

4739

GIVEN NAME ADDED 7-29-54

Name: Alice Heeds Thomas

First 123

Female

1005

Whole

1153

November 10th 1883

Co 229 Jefferson Street

Mrs. Mary M. Thomas

Miss Mary R. Biddle

Baltimore, Md

M. Herman & Thomas

Merchandise Reporter

Cambridge, Mass

or other Person who
makes this Return

Spec. H. A. ben dimer. M.

C 102 North Ocean Dray

[illegible]

Office - Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67394

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
21
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *to be*
3. Date of Birth, *Nov 16*
4. Place of Birth, (Street and Number) *No 255 Bedborough St.*
5. Full Name of Mother, *Florence Capel*
6. Mother's Maiden Name, *Florence Bennett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Capel*
9. Father's Occupation, *grocer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm Smith*
- Address, *100 mcdery*
- Remarks

1739

NOV
22
1893

Second /2

Male

White

November 10th 1883

No 7. Abbott Str

Marie Flechter

Litrnik

Smekovec Bohemia

Anton Fleckta

Labor

Smrkovec Bohemia

or other Person who
makes this Return

Josephina Kinnel

No 20. Barnes St.

JAMES E. HOLT & SONS, LTD., PRINTERS AND STATIONERS.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
22
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *The 10th November*
4. Place of Birth (Street and Number) *Salisbury No 16 Irish Alley*
5. Full Name of Mother *Annie Christian*
6. Mother's Maiden Name *Annie Heutchen*
7. Mother's Birthplace *Talbot County*
8. Full Name of Father *Daniel Christian*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Cape May*
- Name of Medical Attendant, or other Person who made this Return. *Hazlett Heutchen*
- Address *No 16 Irish Alley between Scutiga & Mulberry Sts*
- Remarks *The child alive and healthy*

SECTION II.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a single sheet of paper, which shall be signed by him or her during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said sheet shall be delivered, duly signed by the practitioner of midwifery, to the clerk of the Board of Health, at the City Hall, on or before the first day of the month in which the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the clerk of the Board of Health, who shall enter the same on a separate sheet of paper, which shall be delivered to the clerk of the Board of Health, and the said sheet shall be filed with the records of the Board of Health, and the said person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 birth*

1. Sex, (state whether male or female) *Co.*

2. Race or Color, (if not of the white race) *Wt.*

3. Date of Birth, *10 November*

4. Place of Birth, (Street and Number) *Lombard street No 228*

5. Full Name of Mother, *Kathi Lukart*

6. Mother's Maiden Name, *" " Friedrich*

7. Mother's Birthplace, *Wahlen, Hessen*

8. Full Name of Father, *Heinrich Lukart*

9. Father's Occupation, *Freier*

10. Father's Birthplace, *Wahlen, Hessen*

Name of Medical Attendant, (or other Person who makes this Return) *Mrs. Maurel*

Address, *Lombard street No 228*

Remarks, *Lombard street No 228*

NOV
22
1883

"That my physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC
7
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th November 1883

4. Place of Birth, (Street and Number) 7 N. Green St

5. Full Name of Mother, Sophia G. Tyler

6. Mother's Maiden Name, " Goodenow

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm. Tyler

9. Father's Occupation, Merchant

10. Father's Birthplace, Conn

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, 1 Manly Terrace

Wm. M. Caplan
1 Manly Terrace

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67399

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 10th 1882*
4. Place of Birth (Street and Number) *Harmon St. near West*
5. Full Name of Mother *Mary Ann March*
6. Mother's Maiden Name *Mary Ann Alexander*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frederick March*
9. Father's Occupation *Night Nurse*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary R. Easton*
- Address *1341 Hamburg St*
- Remarks *Living Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *male female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 18th 1883*
4. Place of Birth, (Street and Number) *116 E. Fayette St.*
5. Full Name of Mother, *Anna Dinavitz*
6. Mother's Maiden Name, *4*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Benjamin Dinavitz*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Brundstein*
- Address, *113 E. Lombard St.*
- Remarks,

7401

NOV
: 24 :
1983

- [illegible]

May 11/28.

1874

JOHN E. BART & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall send the same to the said Commissioner, together with the full name of each child, or any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parent or person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of still births and deaths of illegitimate children, and in such cases the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 47/102

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 14th Decr 1883
4. Place of Birth, (Street and Number) 241 Parish alley
5. Full Name of Mother, Lucia Simms
6. Mother's Maiden Name, Lucia Peters
7. Mother's Birthplace, Frederick Co, Md
8. Full Name of Father, John Simms
9. Father's Occupation, laborer
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return Prof G. Jones
- Address, 117 N. Howard St
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 671102

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th).
 1. Sex (state whether male or female) Female.
 2. Race or Color, (if not of the white race) Colored race -
 3. Date of Birth November 11th '83
 4. Place of Birth, (Street and Number) 4 1/2 Tressier St.
 5. Full Name of Mother Mary Rose Flint.
 6. Mother's Maiden Name Grooms.
 7. Mother's Birthplace Baltimore Md.
 8. Full Name of Father James William Flint
 9. Father's Occupation Barber
 10. Father's Birthplace Boston, Mass.
 Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.
 Address 112 N Greene St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov-11-83
4. Place of Birth, (Street and Number) 200 Fulton Ave
5. Full Name of Mother, Ella D. Reese
6. Mother's Maiden Name, Parr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick F. Reese
9. Father's Occupation, Preacher - Episcopal
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Ch. Williams
or other Person who makes this Return
- Address, 201 Madison Ave
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11, 83
4. Place of Birth, (Street and Number) 115 Townsend st
5. Full Name of Mother, Fanny Mitchell
6. Mother's Maiden Name, " Horner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mitchell
9. Father's Occupation, Dealer in Flour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who P. B. Williams
make this return
- Address, 201 Madison Ave
- Remarks, _____

SECTION 9.—And be it further enacted and explained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Committee on Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by him or her, and shall be filed in the office of the Registrar of Vital Statistics. And any name shall have been entered on the sex, color, the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner, between the first and third day of each and every month, shall neglect to deliver such certificate, he or she shall be liable to a fine of ten dollars for each offense, to be recovered in other times and penalties are invariable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 87206

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ok

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 11th 1883

4. Place of Birth, (Street and Number) 36 Walker St

5. Full Name of Mother, Rose Estinger

6. Mother's Maiden Name, Rose Spiper

7. Mother's Birthplace, Prussia

8. Full Name of Father, Gotlieb F. Estinger

9. Father's Occupation, Sawyer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. J. Wilson

Address, 1 Lombard St Phil

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Nov. 11th 1883*

4. Place of Birth, (Street and Number) *231 N. Caroline St.*

5. Full Name of Mother, *Annie Long.*

6. Mother's Maiden Name, *Annie Voeglin,*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Wm C. Long.*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *A. D. Esch M.D.*

Address, *95 Park Ave*

Remarks,

Certificate of Birth to be filled out by the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/7/09

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 11th 1883*
4. Place of Birth, (Street and Number) *67 Preston St*
5. Full Name of Mother, *Emily B. MacKinn*
6. Mother's Maiden Name, *Emily B. Gordon*
7. Mother's Birthplace, *Newton N. Jersey*
8. Full Name of Father, *Leighton B. MacKinn*
9. Father's Occupation, *Professor of Languages*
10. Father's Birthplace, *Philadelphia Penn.*
- Name of Medical Attendant, or other Person who makes this Return *Samuel Taylor Jones M.D.*
- Address, *326 North Euter St.*
- Remarks.

SECTION 9.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a birth record, which shall be kept by the officer of Health, and shall be subject to the inspection of the Board of Health, and shall be subject to the penalty of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 11th 1883

4. Place of Birth, (Street and Number) 37 Villamont St.

5. Full Name of Mother, Josana Bauer

6. Mother's Maiden Name, Josana Fickler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ernst Bauer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return H. S. Butt

Address, 155 E. Convent St. as V. Villamont St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11th 1883

4. Place of Birth, (Street and Number)

455 Lexington St.

5. Full Name of Mother,

Maria Ellen Thomas.

6. Mother's Maiden Name,

Peters.

7. Mother's Birthplace,

Hagerstown Md.

8. Full Name of Father,

John F. Thomas.

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Hagerstown Md.

Name of Medical Attendant, or other Person who makes this Return

Susan Lister

Address,

2140 Poppleton St.

Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex, (state whether male or female) *male* Name. *Charles Clarence Malatesta*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sunday Nov. 11th 1883.*
4. Place of Birth, (Street and Number) *36 Marion St*
5. Full Name of Mother, *Mary Malatesta*
6. Mother's Maiden Name, *Mary Mooney*
7. Mother's Birthplace, *Chester, Pa.*
8. Full Name of Father, *John Malatesta*
9. Father's Occupation, *Garment Dealer*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other Person who makes this Return *Susan Slattery*
- Address, *21 N. Poppleton St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks.

or other Person who makes this Return

Female

1883
Nov 11
10.230
Philadelphia, Pa.

Germany
Carl Schickel
Instrument maker
Germany
J. Schickel
Schickel & Co.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, or in any other place within the City, shall, before the expiration of the term for which he or she is licensed, deposit with the exact registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of its sex, race or color, date of birth, place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or if the parent or parents of such child neglect to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Nov 11 1883*
4. Place of Birth, (Street and Number) *No. 230 Fremont st*
5. Full Name of Mother, *Josephine Barbara Dell*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Carl Rickhause*
9. Father's Occupation, *Instrument maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Schwaier midwife*
- Address, *330 Hanover st*
- Remarks,

[illegible]

774

1104
117

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st -

1. Sex (state whether Male or Female)

Female -

2. Race or Color (if not of the white race)

White -

3. Date of Birth

Nov - 11 / 83 -

4. Place of Birth (Street and Number)

89 Harlem Avenue -

5. Full Name of Mother

Mary A -

6. Mother's Maiden Name

Thompson -

7. Mother's Birthplace

Phila - Penna -

8. Full Name of Father

Chas. A. McAvoy -

9. Father's Occupation

Salesman -

10. Father's Birthplace

Balto -

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith, M.D. -

Address

Harlem Av. and Calhoun St -

Remarks

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall take place, be and he or she be required to be furnished by the Commissioner of Health with a blank schedule to be filled up by him or her, and to be returned to him or her during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, the sex, color, the day, month and year of birth, the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, and the place of birth, in the form of a placemate between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, the midwife, or any other person, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable, within the annual drive required, except in the case of the birth and death of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th 1883
4. Place of Birth, (Street and Number) N^o 29 Schuwich st
5. Full Name of Mother, Augusta Deck
6. Mother's Maiden Name, Augusta Davis
7. Mother's Birthplace, Virginia
8. Full Name of Father, Louis Deck
9. Father's Occupation, Cooper
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return Katharina Hornung
- Address, N^o 18 Byrd st
- Remarks, _____

SECTION 6. And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, and every person who is concerned in the consequence of such birth, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as may be known, the names of the mother and child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the second third day of each and every month, to the Board of Health. In case the birth of any child shall be attended by a physician, or a midwife, or any other person, he or she shall be under duty of the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall violate the provisions of this section shall be deemed to be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child* NO. *131*

1. Sex, (state whether male or female) *Male* 1893

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov. 11 to 1883*

4. Place of Birth, (Street and Number) *12307 Hanover st.*

5. Full Name of Mother, *Margaretta Dailey*

6. Mother's Maiden Name, *Boston J.*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Dailey*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *J. Schumacher midwife*

Address, *12307 Hanover st.*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67421

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
13
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth November 11th 1883
4. Place of Birth, (Street and Number) 2142 Humbert St
5. Full Name of Mother Annie May
6. Mother's Maiden Name Annie Elbarkett
7. Mother's Birthplace Germany
8. Full Name of Father Thomas May
9. Father's Occupation Shoe maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. Sarah Conrad mid wife
- Address 219 3rd Avenue
- Remarks mother and child doing well

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall heretofore take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person attending the birth, and shall be signed by the name of any man who shall have been conferred, in sex, color, the full name and occupation of its parent, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In cases the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, shall be enforced, and any person who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 11th 1883

4. Place of Birth, (Street and Number)

413 N. Fremont

5. Full Name of Mother,

Annis June Ford

6. Mother's Maiden Name,

Burns

7. Mother's Birthplace,

Carroll Co. Md.

8. Full Name of Father,

Wm. J. Ford

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. M. CHRISTIAN, M. D.
481 Penn. Av. Cor. Wilkes.

Address,

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Negro*
 3. Date of Birth *Nov 11/83*
 4. Place of Birth (Street and Number) *No 2 Gravel alley*
 5. Full Name of Mother *Charlotte Gough*
 6. Mother's Maiden Name *Butler*
 7. Mother's Birthplace *St Mary's Co Md*
 8. Full Name of Father *Alexander Gough*
 9. Father's Occupation *Quartermaster*
 10. Father's Birthplace *St Mary's Co Md*
 Name of Medical Attendant, or other Person who makes this Return *Thos. B. Weyel M.D.*
 Address *127 St Paul St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

67421

NOV 13 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *November 11th*

4. Place of Birth (Street and Number) *#30 Leekers Court*

5. Full Name of Mother *Eda Hobbs*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Moore Dorsey*

9. Father's Occupation *Stevenson*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Elvira Barrie*

Address *No 17 Rue St*

Remarks *A very fine Boy. Has a soft pain on the back part of his head. He is doing very well as present.*

SECTION 2. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall enter the name of each child born in the City during the month, and shall set forth, as far as the case can be ascertained, the full name of each child at the time of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the practitioner shall be deemed to be the person who shall deliver the said schedule, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In the manner, and within the period now required, except in the cases of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Geboen den 14ten September*
 4. Place of Birth, (Street and Number) *S. E. Lybourn St.*
 5. Full Name of Mother, *Therese Reth*
 6. Mother's Maiden Name, *Therese Bergmann*
 7. Mother's Birthplace, *Deutschland*
 8. Full Name of Father, *Franz Reth*
 9. Father's Occupation, *Handwerker*
 10. Father's Birthplace, *Deutschland*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Krausmann*
 Address, *S. 102. L. Dallas St.*
 Remarks, *W. C. C. C.*

NOV
13
1893

Extract Regulations of the Board of Health in force in Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2

female

colored

Nov 11. 1883

10 30 Durham st

Mary Brown

Green

Thomas Brown

Shucker

Yalbot co

Francis Anderson

10 30 McEubbin St

[illegible]

7429

Thirtieth (3.)

Female

White

November 11 - 1883

No 15 Cemetery Lane

Marie Hene

..... Melichar

Velka Bohemia

Venzl Hene

Taylor

Prague Bohemia

or other Person who
makes this Return

No 20, Barnes Str

Remarks.

NOV
22
1993

[illegible]

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

d, &c.) Q

Male

11 December 1942

62 President

Christina Augustine
Saviere

Savière

Italy

Oenothera angustifolia

Musicianer

Sp. talp.

Sarah Casper

72. E. Lombard street

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Section 8.—And be it further enacted and ordained, That every person presiding or acting in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up at the end of each year, and shall be forwarded to the Commissioner of Health, who shall cause the same to be filed in the office of the Registrar of Vital Statistics. And be it further enacted and ordained, That every person shall have been conferred, in sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the presiding person, in the form of a certificate, to the Registrar of Vital Statistics, at the first and third day of each and every month. In case the birth of a child shall occur on the first or third day of any month, the said certificate shall be delivered to the Registrar of Vital Statistics, at the first or third day of the next month. And be it further enacted and ordained, That no person shall be at variance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the Registrar of Vital Statistics shall have authority to require the parent or parents to be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *11 November*

4. Place of Birth, (Street and Number) *62 President*

5. Full Name of Mother, *Christina Augustine*

6. Mother's Maiden Name, *Saviare*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Onofria Augustine*

9. Father's Occupation, *Musicians*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address, *72 E. Lombard street*

Remarks, _____

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 12th 89*

4. Place of Birth, (Street and Number) *359 Saratoga St.*

5. Full Name of Mother, *Clara L. Griffin*

6. Mother's Maiden Name, *Clara L. Delphy*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Henry W. Griffin*

9. Father's Occupation, *Seamster*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return

Address, *J. M. Meller, M.D.
188 Franklin St.*

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and, the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Reuben Queen

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 12th November - 1883

4. Place of Birth (Street and Number) 29, 1st Street

5. Full Name of Mother Sarah H. Queen

6. Mother's Maiden Name Sarah H. Scott

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Queen

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William H. H. H.

Address 29, 1st Street

Remarks

GIVEN NAME ADDED 3-26-54

hym.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 12th 1883

4. Place of Birth, (Street and Number)

Baltimore Lemon St No. 25

5. Full Name of Mother,

Mary O'Neil

6. Mother's Maiden Name,

.. Cummings

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John O'Neil

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Record of that Service in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed and sworn midwife, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for every offense committed by him or her in violation of the provisions of this section. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed and sworn midwife, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for every offense committed by him or her in violation of the provisions of this section. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed and sworn midwife, shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for every offense committed by him or her in violation of the provisions of this section.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 12 1885*
4. Place of Birth, (Street and Number) *No 35 S. Bond St*
5. Full Name of Mother, *Mrs. Letitia Ellen Spinkler*
6. Mother's Maiden Name, *Ellis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Leopold Spinkler*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Geo. R.*
- Address, *No. 35 S. Bond St*
- Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17435

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 November 1883

4. Place of Birth, (Street and Number)

Baltimore City No. 2 Street

5. Full Name of Mother,

Mary Ellen Casserly

6. Mother's Maiden Name,

Mary Ellen Delaney

7. Mother's Birthplace,

Elliot City

8. Full Name of Father,

James Casserly

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Wetland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hunter

Address,

21 No. Poppleton St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th November

1883

4. Place of Birth, (Street and Number)

491 N. Fremont St

5. Full Name of Mother,

Emma Schmidmiller

6. Mother's Maiden Name,

Emma Truchsess

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John J. Schmidmiller

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Carroll County, Md

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

2142 Bayview St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 12th 1883

4. Place of Birth, (Street and Number)

Baltimore Mount. St. N^o. 413

5. Full Name of Mother.

Christina Gams

6. Mother's Maiden Name.

Basell

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Frank. Gams

9. Father's Occupation.

Letter Carrier

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Whitcomb

Address,

N^o. 38 Parlin St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the names of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *12th of Dec. Nov.*

4. Place of Birth, (Street and Number) *No. 6. Broadway Court.*

5. Full Name of Mother, *Eliza Jane Young*

6. Mother's Maiden Name, *Eliza Jane Jackson*

7. Mother's Birthplace, *Eastern shore Md.*

8. Full Name of Father, *Henry Young*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *St. Mary County*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Susan Morgan*

Address, *No. 7. St. Durham St.*

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

67439

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV 17 1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Nov 12th 1893*
 4. Place of Birth (Street and Number) *Calderington ave. 84*
 5. Full Name of Mother *Mary L. McMillen*
 6. Mother's Maiden Name *Bellows*
 7. Mother's Birthplace *Be, Md.*
 8. Full Name of Father *William A. McMillen*
 9. Father's Occupation *Wax & ial Worker*
 10. Father's Birthplace *Be, Md.*
 Name of Medical Attendant, or other Person who makes this Return. *W. A. Davenport*
 Address *194 Eough St*
 Remarks *Child well Mother full of Malaria*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(3) third*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 12 - 1883*
4. Place of Birth, (Street and Number) *285 n. Eutaw St*
5. Full Name of Mother, *Elma F. Burns*
6. Mother's Maiden Name, *Elma F. Gaeble*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Thomas W. Burns*
9. Father's Occupation, *Car. Driver*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Kunigunda Schlifer*
Address, *20 Columbia St.*
Remarks,

NOV
15
1883

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 12-1883

4. Place of Birth, (Street and Number)

No. 1 Ramsey st.

5. Full Name of Mother,

Matharina Sakmann

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Kunigunda Schliefer

Address,

20 Columbia st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall retain a list of the births which have occurred under his or her charge, and the names of the parents, and the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the clerk of the Board of Health, and every person who shall neglect or refuse to do so, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not less than five dollars, nor more than ten dollars, and the provisions of this section shall not be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

67.1.12
2nd
Female
White
Nov 12, 1883
77 Barre St
Fannie S. W. G.
" " Waver
Baltimore
Henry C. G.
Saddler
Baltimore Co. Md.
Theodore C. G.
Nov 12, 1883

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
13 1
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Nov 12 1883*

4. Place of Birth, (Street and Number) *75 Gasper St*

5. Full Name of Mother, *Susan Johnson*

6. Mother's Maiden Name, *Susan Rase*

7. Mother's Birthplace, *North Carolina*

8. Full Name of Father, *Wm Johnson*

9. Father's Occupation, *Servant*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Dr J. P. Keller*

or other Person who makes this Return.

Address, *146 W. Biddle St.*

Remarks,

SECTION 6.—And he it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife or practitioner, and shall be signed by the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Board of Health, on the first and third day of each and every month, to the clerk of the Board of Health, who shall file the same, and shall be subject to the inspection of the Board of Health, and shall be subject to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov. 12. 1883.*

4. Place of Birth, (Street and Number) *431 N. Mount St.*

5. Full Name of Mother, *Nellie C. Fox.*

6. Mother's Maiden Name, *Smith.*

7. Mother's Birthplace, *Wethersfield, Me.*

8. Full Name of Father, *Charles S. Fox.*

9. Father's Occupation, *Commission Merchant.*

10. Father's Birthplace, *Gruised.*

Name of Medical Attendant, or other Person who makes this Return *J. Lingle M.D.*

Address, *2217 Fairvale*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67445*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 12 1883

4. Place of Birth, (Street and Number)

118 Johnson st

5. Full Name of Mother,

Jennie Mason

6. Mother's Maiden Name,

1000 Knight

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Mason

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Ann Nash

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Committee on Health, and shall forward the same to the Registrar of Vital Statistics, on or before the first day of the month, and shall set forth, as far as the same can be ascertained, the full name of the mother, her name shall have been registered; the sex, color, the full name and occupation of the father, the day and certificate, between the first and second day of the month, and the date of the birth of any child shall occur without the attendance of a physician, or of a midwife, or of any other person, he should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar of Vital Statistics, to report the birth to the Board of Health, in the manner, and within the period, above mentioned, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2d)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 12th, 1881*

4. Place of Birth, (Street and Number) *No. 9 Irvine Place*

5. Full Name of Mother, *Mrs. Mary Louisa Scoggins*

6. Mother's Maiden Name, *Miss Mary Louisa Darnitz*

7. Mother's Birthplace, *York, Pa.*

8. Full Name of Father, *Mr. John J. Scoggins*

9. Father's Occupation, *Produce Merchant*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. (Continued on 2)*

Address, *No. 102 N. Broadway*

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) ... *Male*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth,..... 12 of November 1872

4. *Place of Birth, (Street and Number)* No 234 William St

5. Full Name of Mother, Mary Emma

6. Mother's Maiden Name. Mary Burdett

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Reph' Clarence

9. Father's Occupation, *Stone Cutter*

10. *Father's Birthplace,* *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sabina Gruchaber*

Address. No 128 West 10

Remarks, C. m. H. Child, Died with Spasms, over Paining
from Wreck, Child Lived, one Day.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and established, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be bound to make an exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the details which have occurred, under his or her care, and shall be filled up by the midwife or other person who has been conferred with the full name and occupation of the mother, the place of its birth, and the date of its delivery, daily signed by the practitioner; in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the midwife or other person who has been conferred with the full name and occupation of the mother, shall neglect or refuse to do so, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 12 1883
4. Place of Birth, (Street and Number) 103 Welcome Alley
5. Full Name of Mother, Sarah E. Davis
6. Mother's Maiden Name, Sarah E. Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Davis
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Willie G. Ross
- Address, 12 Plum Alley
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT,
NOV 20 1883
BALTIMORE, MD.

671154

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
1. Sex. (state whether male or female)
2. Race or Color. (if not of the white race)
3. Date of Birth.
4. Place of Birth. (Street and Number)

5. Full Name of Mother.
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace.

Name of Medical Attendant.
Address.
Remarks.

Sixth.

Female
White

Nov. 12th 1883
Lizzie De
Germigny Lat

F. H. De
Shoemaker
Holland
170 S. Sharp St.

Bratt St.

Gomel Ind

Correct Record of Vital Statistics is the City of Baltimore
of the person, and the maiden name of the mother or nurse of the child, and the name of the child, and the date of birth, and the sex, and the race or color of the child, and the name of the mother, and the name of the father, and the name of the medical attendant, and the address, and the remarks, and the name of the person who makes this return.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

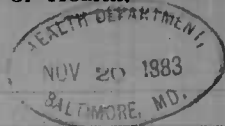
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sixth.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 12th 1883

4. Place of Birth, (Street and Number)

609 Cypress Alley, Pratt St

5. Full Name of Mother,

Lizzie De Lat

6. Mother's Maiden Name,

Bathmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

F. H. H. De Lat

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Holland

Name of Medical Attendant, or other Person who makes this Return

J. M. Bomblen M.D.

Address,

170 S. Sharp St.

Remarks,

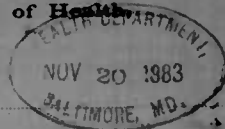
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *November 12, 1883*
 4. Place of Birth, (Street and Number) *212 Shorter Street*
 5. Full Name of Mother, *William Hitchens*
 6. Mother's Maiden Name, *Alie Ward*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *William Hitchens*
 9. Father's Occupation, *Lab.*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Lucinda Wolford*
 Address, *130 N Regt. St*
 Remarks,

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6.)

NOV
22
1993

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

November 12. 1883

4. *Place of Birth, (Street and Number)*

278. N. Broadway

5. *Full Name of Mother,*

Marie Miller

6. *Mother's Maiden Name,*

11 Pop

7. *Mother's Birthplace,*

Germany

8. *Full Name of Father.*

John Miller

9. *Father's Occupation.*

Saloon keeper

10. *Father's Birthplace,*

Germany

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address. ...

No 20. Barnes St

Remarks.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

6 birth

Girl
apt

November 12²² Th

Rigister St 147 1/2

Anna Steigerwald

Lis

Batts, John Steigewald
Carpenter
Baltimore

Mrs. Manoe

Simbad St 278

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall deliver the same to the Registrar of Vital Statistics, within the time and in the manner and form prescribed by the Board of Health, and shall be responsible for the accuracy of the same, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Nov. 13. 83.

4. Walpole No. 53.

Josephine Wisloman

Schmidt

Bavaria

Philip Wisloman

Schnee

Bavaria

Mrs. L. B. Brumbach

4. Walpole 14

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person presiding in any office in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following questions, to be answered by the person in whose presence the birth shall take place, and the answers shall be ascertained, the full name of each child at the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the person in whose presence the birth shall take place, and the said certificate shall be filed in the office of the Commissioner of Health, and the said person shall be held responsible for the same, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13. November

4. Place of Birth, (Street and Number) 16. 258 S. Talbot St.

5. Full Name of Mother, Katharine Cross

6. Mother's Maiden Name, Bayard

7. Mother's Birthplace, Heldersingen Germania

8. Full Name of Father, Christian Cross

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Heldersingen Germania

Name of Medical Attendant, or other Person who makes this Return Mrs. Dwyer

Address, 60 North Howard St.

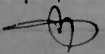
Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY. November 15th 1883.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male + Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth. November 13th 1883.
4. Place of Birth, (Street and Number) 133 Duncan Alley
5. Full Name of Mother Maggie Boon
6. Mother's Maiden Name Maggie Krentz.
7. Mother's Birthplace, America
8. Full Name of Father. Martin Boon.
9. Father's Occupation, Black Smith.
10. Father's Birthplace. America
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.
- Address, No 137 S. Wolfe St.
- Remarks, 

1718
Baltimore City

th, Baltimore City

Record of Vital Statistics in the City of Baltimore.

[illegible]

5-

Wale.

White

November 13th 1883

No 73 Insignificant are

Lizzie Butcher

Lizari Perahoe

3 a timore

John Butcher

undertaker.

Bathmore

or other Person who makes this Return

Sarah. Woodin

No 120 Greenwood Ave

Extra Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

"That any physician, ecoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
14
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 - male

1. Sex, (state whether male or female)

white

2. Race or Color, (if not of the white race)

Nov 13th 1883

3. Date of Birth,

4. Place of Birth, (Street and Number)

117 Edmondson ave
Ellas H. Stachtel

5. Full Name of Mother,

Ella Wilson

6. Mother's Maiden Name,

Balt City
Children: Edward Stachtel

7. Mother's Birthplace,

Manufacturer of ~~Intelligence~~
Baltimore City

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

J. Haney
Baltimore
S. J. Co. Edmondson ave & Calhoun

Name of Medical Attendant, or other Person who makes this Return,

S. J. Co.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) *W. Smith*

3. Date of Birth,.... November 13th

4. Place of Birth, (Street and Number) *1125 25th St. N. W. Wash. D. C.*

5. Full Name of Mother, Rose K...

6. Mother's Maiden Name, Goodman

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph. K. Green

9. Father's Occupation, *Scandal - Travel Agent*

10. Father's Birthplace, *London*

Name of Medical Attendant, or other Person who makes this Return
Address

Address, *N. 10 Grand St.*
Remarks, *...*

Remarks,

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife or other person in whose charge the birth took place, and shall be signed by the midwife or other person in whose charge the birth took place, and shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the midwife or other person in whose charge the birth took place, shall neglect or refuse to deliver such certificate, or shall deliver the same after the third day of each and every month, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, 13 November
 4. Place of Birth, (Street and Number) 49 Style
 5. Full Name of Mother, Christina Horne
 6. Mother's Maiden Name, Janet
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Frederick Horne
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Sarah Casper
 Address, 72. E. Lombard street
 Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of all births occurring in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth occurred. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of all births occurring in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth occurred. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of all births occurring in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth occurred.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 13, 1883

4. Place of Birth, (Street and Number) N. E. Corner Caroline & Bath Sts.

5. Full Name of Mother, Amelia K. Gallispie

6. Mother's Maiden Name, Amelia K. Karmuth

7. Mother's Birthplace, Maryland

8. Full Name of Father, James M. Gallispie

9. Father's Occupation, Farmer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return J. W. Honck AD

Address, 75 E. Balto St

Remarks,

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth:*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

[illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
12
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 13th

4. Place of Birth, (Street and Number) Belair Ave.

5. Full Name of Mother, Marg. E. Healin

6. Mother's Maiden Name, Gassit

7. Mother's Birthplace, New York City

8. Full Name of Father, Michael J. Healin

9. Father's Occupation, Butcher

10. Father's Birthplace, New York City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Smith

Address, W. 1st St. Baltimore

Remarks,

Record of Vital Statistics in the City of Baltimore.
 Extract Regulations of the Board of Health to secure a full and correct

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commission on the subject of vital statistics, and shall file the same in the office of the Registrar of Vital Statistics during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any town shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner and to the effect that the said schedule shall be filled out and returned to the Registrar of Vital Statistics by any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~M~~, 21, ~~M~~, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mar. 14. 83.
 21. Keastelstr. No. 111
 Johanna Bolter
 Gosler
 Balt.
 Johann B. Bolter
 Farmer
 Balt.
 Wm. Joh. Baumbach
 21. May 14

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under what charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all the births which shall occur in the City of Baltimore, and shall file the same with the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, the full name and occupation of its parents, the day and date of its birth, the sex and color of the child, and the name of the physician, or of a practitioner of midwifery, or of any other person who attended the birth of the child, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov^r 14, 1883*

4. Place of Birth, (Street and Number) *27 Fauntleroy Ave*

5. Full Name of Mother, *Mary Benzer*

6. Mother's Maiden Name, *Mary Bradley*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *W. A. Benzer*

9. Father's Occupation, *Black*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *J. W. Horck and*

Address, *75 S. Balto. St*

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV 10 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 14th 1883

4. Place of Birth, (Street and Number)

H. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Annie Smith

7. Mother's Birthplace,

Balti

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Sister of Charity

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 14th*
4. Place of Birth, (Street and Number) *No 3 Sagah-Ann St*
5. Full Name of Mother, *Mary Ann Reuter*
6. Mother's Maiden Name, *Mary Ann Excitenbach*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jos Louis Reuter*
9. Father's Occupation, *Frame Joiner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wilhelmine Hannel*
- Address, *Paratoga street 128* *(Midwife)*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"Just any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV 18 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 14th 1883

4. Place of Birth, (Street and Number)

Baltimore Columbia St. 120

5. Full Name of Mother

Carolina Meyer

6. Mother's Maiden Name,

Briley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Meyer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. C. Mitchell

Address,

N^o. 58 Parkers St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth 11.14.83

4. Place of Birth (Street and Number) 112 George St

5. Full Name of Mother Ida S. Galtier

6. Mother's Maiden Name Lane

7. Mother's Birthplace S. Carolina

8. Full Name of Father Howard N. Galtier

9. Father's Occupation Painter

10. Father's Birthplace Bales m

Name of Medical Attendant, or other Person who makes this Return.

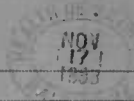
Address

Remarks

Natural

Wm Eastman

349 Lehigh



Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 871171

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
1911

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 14 1893
4. Place of Birth, (Street and Number) 216 Leamway St
5. Full Name of Mother Annalia L. Griffith
6. Mother's Maiden Name Annalia Harrison
7. Mother's Birthplace Leahurst Co. Md
8. Full Name of Father William F. Griffith
9. Father's Occupation Clerk
10. Father's Birthplace Leahurst Co. Md
- Name of Medical Attendant, or other Person who makes this return. J. K. Wiley M.D.
- Address 1957 West Lombard Street
- Remarks _____

Record of Vital Statistics in the City of Baltimore.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 14th*
4. Place of Birth, (Street and Number) *No 111 S. An St.*
5. Full Name of Mother, *Helena Paulina Use*
6. Mother's Maiden Name, *" Abeline*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jacob Use*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*
Address, *No 70 Granby St.*
Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

14th 1883

4. Place of Birth, (Street and Number)

Richmond Street

5. Full Name of Mother,

Thyland Mc Crocker

6. Mother's Maiden Name,

Thyland

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Frank Mc Covakley

9. Father's Occupation,

Restaurateur Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

C. H. Howell M.D.

Address,

59 Cathedral

Remarks,

Placenta & Membranes retained - checked by Dr. H. H. H. & Dr. H. H. H. full term

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Children*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Monday night November the 4th at 12 to 12*

4. Place of Birth, (Street and Number) *N. Dallas St. 148*

5. Full Name of Mother, *Frances A. Dickson*

6. Mother's Maiden Name, *Frances A. Dorsey*

7. Mother's Birthplace, *Annapolis*

8. Full Name of Father, *James H. Dickson*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *West Virginia*

Name of Medical Attendant, or other Person who makes this Return *Miss Morgan*

Address, *147 N. Durham St*

Remarks,

NOV
20
1883

in the City of Baltimore.

or other person in charge, who shall attend, assist or
the City of Baltimore, shall report to the registrar aforesaid,
distinctly the date of birth, sex, and color of the child or children
condition, whether still-born or not, the full name, nativity, and residence
maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
24
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 14th 1883*
4. Place of Birth, (Street and Number) *126 Lexington St*
5. Full Name of Mother, *Mary E. Day*
6. Mother's Maiden Name, *Mary E. Dr. John*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George C. Day*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Susan C.*
- Address, *21st Poppleton St*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child & children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
24
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14th November

4. Place of Birth, (Street and Number) 412 Washington St Baltimore

5. Full Name of Mother, Lucy A. Ciesman

6. Mother's Maiden Name, Mrs. M. Kitchell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Ciesman

9. Father's Occupation, Gas Inspector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. H. L. L. L.

Address, 15-22nd St Baltimore

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov 15. 1883*
4. Place of Birth, (Street and Number) *309 Hoffman Street*
5. Full Name of Mother, *Alexina Snyder*
6. Mother's Maiden Name, *Ebaugh*
7. Mother's Birthplace, *Carroll County*
8. Full Name of Father, *Henry Snyder*
9. Father's Occupation, *Marine*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return *Marbury Newman M.D.*
- Address, *67 McCulloch Street*
- Remarks.

SECTION 6.—And he (the clerk) shall be further enabled and enjoined that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth has taken place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the clerk of the City, and shall send the same to the clerk of the City, and shall be liable to a fine of ten dollars for each offence to a line of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *15 November 1883*
4. Place of Birth, (Street and Number) *37. Madeline Alley*
5. Full Name of Mother, *Maggie Becker*
6. Mother's Maiden Name, *Isabel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Georg Becker*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Louis Kraft*
- Address, *236 Canton Ave*
- Remarks, _____

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, at the City Hall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person to whom the mother immediately thereafter, it shall then become the duty of the midwife, to send the child, and the name of the physician, or of a practitioner of midwifery, or of any other person, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 15 1883

4. Place of Birth, (Street and Number)

405 - Madison Aven.

5. Full Name of Mother,

Jennie Sachs

6. Mother's Maiden Name,

Jennie Rohr

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Andrew Sachs.

9. Father's Occupation,

Clothier

10. Father's Birthplace,

Prussia

Name of Medical Attendant,

or other Person who makes this Return

A. H. Arnold

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 15 - 1833

4. Place of Birth, (Street and Number)

130 Orleans St.

5. Full Name of Mother,

Luize Kogler

6. Mother's Maiden Name,

Fulda

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry E. Harkness

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

101 E. Pratt

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67481

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

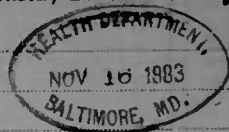
1st
Male
White
Dec 15th 1883
P 12 Battery Ave
Rosie A. Hudson
Rosie A. Hurd
Northumberland Co Pa
Catherine M. Hudson
Maiden
Northumberland Co Pa
Mrs M. A. Gethells
* 156 Montg. St.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

or other Person who
makes this Return

Died with cancer & cramps



Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank certificate to be furnished by the Commissioner of Health. This certificate shall contain the following particulars, to-wit: the name of the mother, her name shall have been conferred, by her father, for as the same can be ascertained, the full name of each child, the place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, to be retained first and until the completion of a year, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Nov 17 1883
White
Nov 15 1883
71 Lee St
Emma Jackson
Cotton
Baltimore
Gabriel W Jackson
Photographer
Baltimore
Theodore Cook

correct Board of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 of November
4. Place of Birth, (Street and Number) 36. Foster alley
5. Full Name of Mother, Lucinda Brown
6. Mother's Maiden Name, Lucinda Cooper
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Wm. C. Brown
9. Father's Occupation, Waitress
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Lucy Brown with
36. Foster alley

section 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth which shall occur under his or her charge, and shall enter the same on a blank schedule to be furnished by the Commission on the subject of Midwifery, and shall file the same with the said Commission, at the office of the Clerk of the Board of Health, at the City of Baltimore, on or before the first day of the month, and next month, as far as the same can be ascertained. The full name of each child or children born, the sex, the date of birth, the date of the mother's confinement, the full name and occupation of its parents, the day and the month of its birth, and the name of the midwife, shall be entered on the said schedule, between the first and third day of each and every month to the Board of Health. In case the birth of a child shall occur on the first day of any month, the name of the child shall be entered on the said schedule on or before the third day of the month, and the name of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above respectively prescribed, except in the cases of the births and deaths of illegitimate children, and in the case of children born of a woman who is married, but who is not the wife of the husband of the mother, a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 15th 1883.*
 4. Place of Birth, (Street and Number) *9 Patterson Ave.*
 5. Full Name of Mother, *Emma Virginia Wington*
 6. Mother's Maiden Name, *Ross*
 7. Mother's Birthplace, *Balto. Md.*
 8. Full Name of Father, *Benj. F. Wington*
 9. Father's Occupation, *Helper in R.R. Shop.*
 10. Father's Birthplace, *Harpers Ferry Va.*
 Name of Medical Attendant, or other Person who makes this Return
 Address,
 Remarks.

J. H. CHRISTIAN, M.D.
187 Penn. Av. Cor. Wilson

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 67486

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes the Return

Address.

Remarks.

First
Male
White

Nov 15th 1893

161 W Lombard - Matson
Mary Sutton

Virginia

E. W. Waddy, M.D.

161 W. Lombard St.

SECTION 6.—And he is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct record of the births of children born during the month, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of its birth, the place of its birth, and the date of its delivery, and shall be signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

NOV
15
1883

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *November the, 15, 1883*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Elizabeth Sauer*

6. Mother's Maiden Name, *Elizabeth Fischer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Kaspar Sauer*

9. Father's Occupation, *Broom maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Male

13 December

22. C. Lombard street

Lizzie Mueller

Baltimore

Sarah Casper

2. E. Lombard street

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
22
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 19th

4. Place of Birth (Street and Number) 175 Port St

5. Full Name of Mother Sarah Elizabeth Bowman

6. Mother's Maiden Name Hurlburt

7. Mother's Birthplace Baltimore

8. Full Name of Father Philip Henry Bowman

9. Father's Occupation Miner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yowell

Address 175 Port St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 15th 1883

4. Place of Birth, (Street and Number) 16 Leroy St.

5. Full Name of Mother, Bertha Oppenheimer

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Abel Oppenheimer

9. Father's Occupation,

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,

SECTION 6.—And he it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, within three days after the birth, during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, any name shall have been conferred, its sex, color, the full name and occupation of its mother, the day and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner, or midwife, the should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the person or persons of such child to report its birth to the Board of Health, in the manner, and to the place, and at the time, and under the penalty, provided in and by the said act, and the said schedule shall be filled in by the person or persons who shall hereafter fill in comply with the provisions of this section, and in a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th November

4. Place of Birth, (Street and Number) 414 North Gay Street

5. Full Name of Mother, Anne Trese

6. Mother's Maiden Name, Anne Hallamier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J. Trese

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lena Hillquist

Address, 182 E Monument Street

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Edna Little

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 18/13

4. Place of Birth, (Street and Number)

717 Base Street

5. Full Name of Mother.

Mary Ann Little

6. Mother's Maiden Name,

Anthony

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

E. J. Little

9. Father's Occupation,

Photograph Operator

10. Father's Birthplace.

Prussia

Name of Medical Attendant, or other Person who makes this Return

A. S. Smith

Address,

Remarks,

387 W. Lombard St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67494*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth child
of mother
NOV 26 1883

1. Sex, (state whether male or female)

white race

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 November

4. Place of Birth, (Street and Number)

Baltimore 896 Charles St.

5. Full Name of Mother,

James Doran

6. Mother's Maiden Name,

Haden

7. Mother's Birthplace,

L. Baltimore

8. Full Name of Father,

Patrick Doran

9. Father's Occupation,

labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Anna Thornton

Address,

No 1234 South

Remarks,

Baltimore

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

69495

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Dark

3. Date of Birth,

November 16th 1883

4. Place of Birth, (Street and Number)

No 51 Hochheim Street

5. Full Name of Mother,

Annie Smith

6. Mother's Maiden Name,

Annie Shell

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Andrew Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. H. H.

Address,

No 22 Hochheim Street

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

4

3. *Date of Birth,*.....

16 Nov. 1883

4. *Place of Birth, (Street and Number)*

169. Eastern Ave

5. *Full Name of Mother,*

Marie Glover

6. *Mother's Maiden Name.*

Angel

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father.*

August 1890

9. *Father's Occupation,*

Blackish midl.

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant.

or other Person who
makes this Return

Mrs. Louise Kraft

Address.

236 Canton drive

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *16 November 1887*
4. Place of Birth, (Street and Number) *Curley street*
5. Full Name of Mother. *Maggie Rogers*
6. Mother's Maiden Name. *Maggie Schen*
7. Mother's Birthplace. *Baltimore City*
8. Full Name of Father. *Marcus Rogers*
9. Father's Occupation. *Labourer*
10. Father's Birthplace. *Ellicott City*
Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Sullens*
Address. *107 Curley street*
Remarks.

Section 100. Every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of the child, the name of the mother, the date of the birth, the month, and the day of the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly filled up, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Board of Health, and the said Board of Health shall have the right to require the parent or parents of the child to produce the said schedule, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 16th 1883*

4. Place of Birth, (Street and Number) *45 10 Central Ave*

5. Full Name of Mother, *Anna Rock*

6. Mother's Maiden Name, *McDear*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Math. Joseph Rock*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Elizabeth J. F.*

Address, *120 Grand St.*

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall deliver the same to the Registrar of Vital Statistics, within the time specified during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a birth record, and the said schedule shall secure without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and to the Registrar of Vital Statistics, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *16th Day of November 1883*

4. Place of Birth, (Street and Number) *No. 143 Henrietta Street*

5. Full Name of Mother, *Margaretha Seibling*

6. Mother's Maiden Name, *Margaretha Gill*

7. Mother's Birthplace, *Germani*

8. Full Name of Father, *Albert Seibling*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Germani*

Name of Medical Attendant, or other Person who makes this Return *Wm. J. Marshall*

Address, *1 Southwell Street*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 6th 1883*
4. Place of Birth (Street and Number) *S. E. Cor. Forest and Douglas St.*
5. Full Name of Mother *Narah Fitzgerald*
6. Mother's Maiden Name *" Kennedy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Fitzgerald*
9. Father's Occupation *Silversmith*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *C. H. Reynolds M.D.*
- Address *171 W. Calvert St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

67501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
17

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th.*
1. Sex (state whether Ma'e or Female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Nov. 16th.*
4. Place of Birth (Street and Number) *56 Whatevat St.*
5. Full Name of Mother *Amelia Peck*
6. Mother's Maiden Name *Amelia Worsey*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Edward Peck*
9. Father's Occupation *P. Co. Elder M. E. Church*
10. Father's Birthplace *Baltic Md.*
- Name of Medical Attendant, or other Person who makes this Return. *R. M. Hall M.D.*
- Address *262 Sharp St.*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67502

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth Nov 16th 1883

4. Place of Birth (Street and Number) 1622 Pica and Fremont St

5. Full Name of Mother Laura Harvey

6. Mother's Maiden Name " Ward

7. Mother's Birthplace Wash D.C.

8. Full Name of Father James Gas Harvey

9. Father's Occupation Brick Maker

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Dr A Lewis

Address 1622 Hanover St

Remarks _____

SECTION 4.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of the mother, the name of the child, the date of the birth, the sex, color, the full name and occupation of its parents, the day and hour of its birth, and the time and place of its death, or of its burial, or of its interment, in every case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or of such person or persons, to report the birth of the child, and the death of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *16 October*
4. Place of Birth, (Street and Number) *11711 Gay St.*
5. Full Name of Mother, *Mary C. C. C.*
6. Mother's Maiden Name, *Kennel*
7. Mother's Birthplace, *Bayern*
8. Full Name of Father, *Michael C. C.*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Bayern*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rosa M. M.
40 Halland St.
Ball.

77502

Apr 17 1905

6th 17 1863

- 10-16-1931

234. K. Carey

- Rosebud Becker

- 11-11-11

- Wittgenstein

- James Smith

1. Paterson

- dore Cooke M.H.

Theodore Cooke M.K.

JOHN E. HAY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Special.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 16. 1893

4. Place of Birth, (Street and Number)

111 Riverside Ct.

5. Full Name of Mother,

Lizzie Black

6. Mother's Maiden Name,

Lizzie Schaeffer

7. Mother's Birthplace,

St. Baltimore

8. Full Name of Father,

Chas. M. Black

9. Father's Occupation,

Shoe and Hat Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. G. Callhall

Address,

1135 Montgomery St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practising midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same in a book to be provided for that purpose, during the month, and shall set forth, as far as the name can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of the father, in the form and manner following, to-wit: Between the first and third day of each and every month to be named in the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the father of the same shall be bound to appear before the Board of Health, in the manner, and within the time before required, except in the cases of the births and deaths of illegitimate children, and to pay a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

NOV
22
1893

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct record of all the births occurring during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, in the case of a birth, or of a practitioner of midwifery, or of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *H 3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 16 1883*

4. Place of Birth, (Street and Number) *66 E Broad St alley*

5. Full Name of Mother, *Elizabeth Fitchard*

6. Mother's Maiden Name, *Hickman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Fitchard*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sarah T Harington*

Address, *66 384 Eastern Ave*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 67509

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 NOT
20

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 November

4. Place of Birth, (Street and Number) Baltimore 11 Wilson Street

5. Full Name of Mother, Lottie Ganner

6. Mother's Maiden Name, Lottie Goldenferry

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, William Ganner

9. Father's Occupation, Ganner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Lamer

Address, 173 Shepard Ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under any name or title, shall be and lawfully is, a practitioner of midwifery, for the purposes of this act, and shall be and lawfully is, subject to the provisions of this act, and shall be and lawfully is, liable to the penalties provided therein. This act shall not apply to any person who shall enter the same on a blank schedule to be furnished by the Committee of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been given to the child, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes the return, the sex, race or color, the date of birth, the place of birth, the full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and remarks. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the person be in any such child to prevent its birth in the face of the law, in the manner, and within the period above required, except in the cases of the twins and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 16, 1882*

4. Place of Birth, (Street and Number) *Caroline St. No. 146*

5. Full Name of Mother, *Hattie Richard*

6. Mother's Maiden Name, *Hattie Krushburg*

7. Mother's Birthplace, *Harsbach, Prussia, Germany*

8. Full Name of Father, *Leoprich Roehner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *Ballast, 1926*

Remarks, _____

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov. 16th 1883*
4. Place of Birth (Street and Number) *12 Larcum's Alley*
5. Full Name of Mother *Mary Elizabeth Smith*
6. Mother's Maiden Name *Howler*
7. Mother's Birthplace *Sh. Mary's Co. Md*
8. Full Name of Father *Samuel Smith*
9. Father's Occupation *Master*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

125 N Charles St.

Remarks

This case was attended by one of the students of the woman's medical College of Balt. Dr. J. H. Smith gave the certificate from information furnished by her & the father of the child. I did not see the father. Was a premature birth, at six to month.

67511

67112

NOV
21
1883

10 Child

girl
White

16th Nov
1980

16th Nov
1980

Baltimore Co. ⁹²⁰ Pratts ^{Sold}

Mrs Maggie Albright-

Maggie Blahkner

Mr Charles Albright

Mr Charles Albright

~~Cooper~~ Cooper

Bardon

Mrs Miller

1014 Pratt St

10/1/99

JOHN E. FLETCHER & CO., CITY PRINTERS AND STATIONERS

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, and shall transmit the same to the Registrar of Health, on or before the first day of the month following the month in which the birth took place. This schedule shall contain a list of the births which occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at any name shall have been conferred; its sex, color, the full name and occupation of its parent, the day and place of its birth, the name of the person attending the birth, and the name of the person attending the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be at a residence upon the mother, immediately thereafter, it shall then become the duty of the person attending the birth, to make a record of the same, and to transmit the same to the Registrar of Health, on or before the first day of the month following the month in which the birth took place. And be it further enacted and ordained: That any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense; to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 14th 1883

4. Place of Birth, (Street and Number) 91 Exeter Street

5. Full Name of Mother, Mollie Smith

6. Mother's Maiden Name, Mollie Pfister

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joe A Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dina Helligsht

Address, 182 E. Monument St

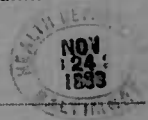
Remarks, _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 16 93

4. Place of Birth (Street and Number)

483 Lawale St

5. Full Name of Mother

Ella Jones

6. Mother's Maiden Name

Ella Merryman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Oliver Jones

9. Father's Occupation

Clerk

10. Father's Birthplace

Chesapeake

Name of Medical Attendant, or other Person who makes this Return.

Address

No 1 North St

Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. Mother's Birthplace.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Spale

2. Race or Color, (if not of the white race)

White

3. *Date of Birth.*

November 17th

4. *Place of Birth, (Street and Number)*

292 H. van der

5. *Full Name of Mother.*

Palmerine K Myers

6. *Mother's Maiden Name.*

" " " Juice

7. *Mother's Birthplace.*

Kilkenney, Ireland

8. *Full Name of Father.*

James S. Keyser

9. *Father's Occupation.*

Engineer & Machinist

10. *Father's Birthplace:*

Ballinacorney

Name of Medical Attendant, or other Person who makes this Return

or other Person who
makes this Return.

Mrs. Wiley

Address, No 12 Patterson Park Ave

Remarks.

101
30
1869

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3d
Female
White

No 17 Th. Biddle St.
Nov 20th

Bertha W. Smith

Whitridge

Massachusetts

R. Manson Smith

Merchant

Virginia

Wm. Whitridge

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67522

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) 1 Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. November the 17th 1883

4. Place of Birth, (Street and Number) Parish st No 12

5. Full Name of Mother. Mary F Stiner

6. Mother's Maiden Name. Mary F ~~Stiner~~ Albert

7. Mother's Birthplace. Virginia

8. Full Name of Father. Levi F Stiner

9. Father's Occupation. Cannemaker

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelley

Address. No 797 Pratt st

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April - 1883

4. Place of Birth, (Street and Number)

207 S. Bond St.

5. Full Name of Mother,

Kate Fieger

6. Mother's Maiden Name,

Brierlein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Fieger

9. Father's Occupation,

Broom maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E. Pratt St.

Remarks,

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be required to keep an exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife, and shall be returned to the Commissioner of Health, and any name shall have been conferred, its sex, date, the full name and occupation of the mother, and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the midwife or practitioner shall neglect to deliver such certificate, or shall deliver it after the expiration of the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the midwife or practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *12 November*
4. Place of Birth, (Street and Number) *65 Milling*
5. Full Name of Mother, *Katie Wright*
6. Mother's Maiden Name, *Dence*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Thomas Wright*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address, *72 E. Lombard street*
- Remarks:

SECTION 6.—And he is further enacted and ordained, That every person, headless municipality in the City of Baltimore, under whose jurisdiction any birth shall hereafter take place, shall keep two and a half copies of a schedule of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be kept in the office of the Commissioner of Health, and shall be open to the inspection of the public, and shall be subject to the examination of the Board of Health. In case the place of its birth, and the date of its birth, shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child shall occur on the first or second day of any month, the practitioner shall, on or before the third day of the month, sign a certificate of the birth of such child, and shall deliver the same to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be liable to a fine of not less than \$10 and not more than \$50, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *November 18th 1883*
4. Place of Birth, (Street and Number) *Valley H. 123*
5. Full Name of Mother. *Julie Cook*
6. Mother's Maiden Name, *Julie Raeger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Cook*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Fuller*

Address. *N. Dallas St. No 26*

Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67126

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 17/83
4. Place of Birth, (Street and Number) 263 W. Hoffman St.
5. Full Name of Mother Ellie E. Schaffer
6. Mother's Maiden Name Shurick
7. Mother's Birthplace Cornell Co. Ind.
8. Full Name of Father George E. Schaffer
9. Father's Occupation Wagonmaker
10. Father's Birthplace Cornell Co. Ind.
- Name of Medical Attendant, or other person who makes this Return. H. R. Rottenberg M.D.
- Address 205 N. Baltimore St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

67527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth November 14 - 1883
4. Place of Birth (Street and Number) No 7 Wilmore Alley
5. Full Name of Mother Maria Campbell
6. Mother's Maiden Name Nolmes
7. Mother's Birthplace Georgia
8. Full Name of Father Archib Campbell
9. Father's Occupation Hostler
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who make this Return. C. Fawcett, M.D.
- Address _____
- Remarks _____

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
22
1893
P.M.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Small 4th Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 17 - 1883*
4. Place of Birth (Street and Number) *310 McDougall*
5. Full Name of Mother *Lucie Hooper Nichols*
6. Mother's Maiden Name *Lucie B. Green*
7. Mother's Birthplace *Bald. City*
8. Full Name of Father *George Nichols*
9. Father's Occupation *Clerk*
10. Father's Birthplace *New York State*
- Name of Medical Attendant, or other Person who makes this Return *James E. Drinnelle M.D.*
- Address *299 E. Calhoun St.*
- Remarks

REPORT OF PHYSICIAN OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6753a

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd,*
1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *November 17th 1883*
 4. Place of Birth, (Street and Number) *180 Bethel st.*
 5. Full Name of Mother *Nellie Long*
 6. Mother's Maiden Name, *Haking*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Long*
 9. Father's Occupation,
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*
- Address *13 C. Lombard st.*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

67/131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
27
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 17th 1883

4. Place of Birth (Street and Number)

#4591 Bay Street

5. Full Name of Mother

Minnie Pitt

6. Mother's Maiden Name

Minnie Schaub

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Joseph M. Pitt

9. Father's Occupation

Cyber Business

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

James C. Whitford M.D.

Address

195 Arquith Street

Remarks

Labor Instrumental

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, or any such birth, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, the day and hour of its birth, and the sex and the color of the child, and the name of the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner duly licensed, and the name of the practitioner shall be unknown, the Board of Health, in the manner, and at the time, and upon the payment of the fee, shall cause the name of the practitioner to be ascertained, and the name of the person or persons who shall hereafter fail to comply with the provision of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 17th. 1883*
4. Place of Birth, (Street and Number) *125 Low St.*
5. Full Name of Mother, *Mollie Stewart*
6. Mother's Maiden Name, *Mollie Webster*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Fred Stewart*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Cambridge*
- Name of Medical Attendant, or other Person who makes this Return *M. J. Burt*
- Address, *185 Centre av. Monument St.*
- Remarks, *All well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Nov 22

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

9th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 17 1883

4. Place of Birth, (Street and Number)

371¹/₂ Eastern Ave

5. Full Name of Mother,

Hannah Elizabeth Beets

6. Mother's Maiden Name,

Hannah Elizabeth Nolan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Beets

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Lousia Smith

Address,

Name of Boy John George Beets

Remarks,



Copies of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17534

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 17th '83

4. Place of Birth, (Street and Number) 52 Anny St

5. Full Name of Mother, Mrs E. S. Parker

6. Mother's Maiden Name, Eugenia Saville Benson

7. Mother's Birthplace, Baile

8. Full Name of Father, Mr Parker

9. Father's Occupation, Book Binder

10. Father's Birthplace, Phila Pa

Name of Medical Attendant, or other Person who makes this return L. L. Butting M.D.

Address, 469 N. Fayette

Remarks, Normal

NOV
23
1883

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

67-57
Baltimore City

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TABLE 1. *Continued*

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71834

[illegible]

JUNE 8, 1947 4 132-1775 PRINTERS AND STATIONERS

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth November the 18th
4. Place of Birth, (Street and Number) 57 Gough Street
5. Full Name of Mother Lindy Burns
6. Mother's Maiden Name Lindy Young
7. Mother's Birthplace Baltimore
8. Full Name of Father James Burn
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Harriet Britton
- Address No 78 Bethel Street
- Remarks _____

sections a.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall carry a true and correct record of such birth, and shall enter the name of a baby susceptible to be fulfilled by the Comptroller of the City, and shall not allow the same to be ascertained, the full name of each child, or any name which shall have been conferred upon its father, until the full name and occupation of its parents, at the time of its birth, shall be ascertained, and until the first and third day of each and every month, to the Board of Health, in case of a birth of any child shall be presented, with the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, who shall be sworn to the truth of the facts therein stated, in the manner and within the period herein required, except in the cases of the births and deaths of illegitimate children, and in such cases the name of the child shall be ascertained, and the child shall be recovered as a subject of a fine of ten dollars for each offence, as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. *Date of Birth*,...

18 November

4. *Place of Birth, (Street and Number)*

8 Lombard

5. *Full Name of Mother,*

Lizzie Schecker

6. *Mother's Maiden Name.*

Walter

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Christian Schecher

9. *Father's Occupation,*

Plumber

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address.

72. E. Lombard street

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov 18th 1883*

4. Place of Birth, (Street and Number) *233 Hartford Ave*

5. Full Name of Mother, *Margaret Erdman*

6. Mother's Maiden Name, *Hall*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *A. Dorsey Erdman*

9. Father's Occupation, *Machine Maker*

10. Father's Birthplace, *Balto Co Md*

Name of Medical Attendant, or other Person who makes this Return *W. B. Billingsley*

Address, *246 E. Preston St*

Remarks,

SECTION 6.-And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commission on the day of the birth, and shall file the same in the office of the Registrar of Vital Statistics, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; the sex, color, the full name and occupation of the parents, the day and place of the birth, and the date of the birth, and shall also enter the name of the practitioner of midwifery, or the name of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery, or the parent of such child to report the birth of the child, in the manner, and to the effect, provided in this section, to the Registrar of Vital Statistics, and the birth shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 175-46

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st of November 1883.

4. Place of Birth, (Street and Number) 25 North Collington Ave.

5. Full Name of Mother, Carrie Ellen

6. Mother's Maiden Name, Mary Toll.

7. Mother's Birthplace, Somerset county, Md.

8. Full Name of Father, George Toll.

9. Father's Occupation, Laborer

10. Father's Birthplace, Somerset county Md.

Name of Medical Attendant, or other Person who makes this Return, Dr. William Knobel

Address, 17 North Chapel St. per Justice Knobel.

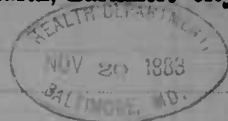
Remarks, Healthy.

SECTION 6.—And he is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth takes place, shall enter the same on a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by him or her, and the same shall be returned to the Registrar of Health, and any name shall have been conferred, in accordance with the provisions of this section, and the Registrar of Health, and the said schedule shall be delivered, duly signed by the practitioner, in the presence of the parent or parents of such child, and every month to the Board of Health. In case the certificate, is taken in the first and third tier of a physician, or of a practitioner of midwifery, or in case the duty of the parent or parents of such child to report its birth to the Board of Health in the case of illegitimate children, and within the period above required, except in the case of the births and deaths of illegitimate children, and should in other respect be in accordance with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 of November 1883*
4. Place of Birth, (Street and Number) *No 122 West St*
5. Full Name of Mother, *Theresa Hagler*
6. Mother's Maiden Name, *Theresa Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Hagler*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sabina Cristobal*
- Address, *No 122 West St*
- Remarks,



NOTICE

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were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 129

1. Sex, (state whether male or female) .. female ..

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 1907 March 1

4. *Place of Birth, (Street and Number)* 1001 1st St

5. Full Name of Mother, Mrs. J. C. [unclear]

6. Mother's Maiden Name, Irma J. Fox

7. Mother's Birthplace, *Dutton, N.H.*

8. Full Name of Father, *James Vollege*

9. *Father's Occupation,* *2118 22 142 PL*

10. *Father's Birthplace,* *Wardell, Ohio*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

18th Nov 1883

4. Place of Birth, (Street and Number)

148

5. Full Name of Mother,

Lydia Spedden

6. Mother's Maiden Name,

Cook

7. Mother's Birthplace,

Berchester Co. Mass

8. Full Name of Father,

Edward Spedden

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Berchester Co. Mass

Name of Medical Attendant, or other Person who makes this Return

H W Neilsen

Address,

57 B. Ave

Remarks,

NOT
23
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 19th 1883.

4. Place of Birth, (Street and Number)

240 William St.

5. Full Name of Mother,

Mary V. Wehage.

6. Mother's Maiden Name,

" Donallen.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

John G. Wehage.

9. Father's Occupation,

Professor of Music

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall.

Address,

N. W. Webster St.

Remarks,

Correct Return of Vital Statistics in the City of Baltimore.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Col*

3. Date of Birth, *17 Nov -*

4. Place of Birth, (Street and Number) *117 Liberty Alley.*

5. Full Name of Mother, *Minie Williams*

6. Mother's Maiden Name, *McPherson*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *West Williams*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. H.*

Address, *137 E. Baltimore St.*

Remarks, _____

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6. And to it further enacted and ordained, That every person presiding and acting in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall file the same during the month, and shall set forth, as far as the same can be ascertained, the following particulars, to wit: the name of the child, the sex, color, the full name and occupation of its parents, the day and places of its birth, and the said schedule shall be delivered, duly signed by the presiding person, in the form of a birth certificate, to the Registrar of Vital Statistics, who shall file the same in the office of the Registrar of Vital Statistics, and shall be subject to the examination of the Board of Health, in the manner, and at the times, and under the conditions, and subject to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white race*
 3. Date of Birth, *November the 19th*
 4. Place of Birth, (Street and Number) *No. 17 north castle*
 5. Full Name of Mother, *Anne Reinsfelder*
 6. Mother's Maiden Name, *Heinkamp*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Frank Reinsfelder*
 9. Father's Occupation, *Coinmaker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
 Address, *No 12 Patterson Park av*
 Remarks, *Called in Dr. Rusk.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

November 19th 1883
X 654 McElderry St

4. Place of Birth, (Street and Number)

Olevia Thomas

5. Full Name of Mother.

Olevia Hays

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John Thomas

8. Full Name of Father.

Shoe maker

9. Father's Occupation,

Baltimore

10. Father's Birthplace.

Saml. A. Howell, MD

Name of Medical Attendant, or other Person who makes this Return

29 Arisquith St.

Address,

Remarks,

NOTICE

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Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

64557

DEC
4
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Nov. 19th 1883

4. Place of Birth (Street and Number)

268 E. Lombard St.

5. Full Name of Mother

Margaret Bush

6. Mother's Maiden Name

Hughes

7. Mother's Birthplace

Beth. City

8. Full Name of Father

Albert Bush

9. Father's Occupation

Quilting

10. Father's Birthplace

Beth. City

Name of Medical Attendant, or other Person who makes this Return.

John D. Monahan M.D.

Address

S. W. Calvert & Rad 15.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 19 1883

4. Place of Birth, (Street and Number) Calhoun st No 4

5. Full Name of Mother, Mary E. Sexton

6. Mother's Maiden Name, Mary E. Burris

7. Mother's Birthplace, London England

8. Full Name of Father, Thomas Sexton

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Selby

Address, No 797 Pratt st

Remarks,

SECTION 6.—And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the items which have been required by the Commission, and shall be filled out by the midwife, and shall be filed in the office of the Commissioner of Health. Any person who shall have been convicted of a crime involving the same shall be liable to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 19th Dec. 1882
4. Place of Birth, (Street and Number) No 91 N. Pratt St
5. Full Name of Mother, Rebecca Schindley
6. Mother's Maiden Name, Schindley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schindley
9. Father's Occupation, Teacher
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm A Lindner
- Address, 45 W. Monroe St Baltimore
- Remarks, _____

Section 6.—And he it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the time of the birth, the name of the child, the name of the mother, the name of the father, the sex, color, the full name of the parents, the day and month of the birth, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, the sex, color, the full name and occupation of the parents, the day and month of the birth, and the name of the physician, or of a practitioner of midwifery, in the form of a certificate, which shall be delivered to the father of the child, or to the mother, or to the physician, or to the practitioner of midwifery, or to any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the father or parents of such child to report the same to the Registrar of Births, in the manner and to the effect hereinafter provided, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, SW Cor Leader hall

Remarks,

Fourth

Male

White

Monday 11:30 PM Nov 19/83

269 So. Howard Street

Sarah Louella Burne.

Carroll

Baltimore Md

Edward J Burne.

Salesman

Baltimore Md

Mrs Munch

2nd Montgomery Street

NOTICE

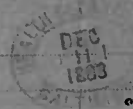
**The succeeding document
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pleteness.**

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Nov 19. 1893
No. 26
Mary C. Burkman
Smith
Baltimore Md
Joseph Burkman
Driver of Hack
Baltimore Md
H. L. Spencer
387 N. Lombard St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6/7/83

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th DEC 9 1883
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Nov. 19th 1883
 4. Place of Birth, (Street and Number) 314 N. Mount St
 5. Full Name of Mother Mary Ella Stubbs
 6. Mother's Maiden Name Smith
 7. Mother's Birthplace Va
 8. Full Name of Father Edward S. Stubbs
 9. Father's Occupation Comm. Merchant
 10. Father's Birthplace Va
 Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
 Address N. W. Cor. Hancock & Barr Sts
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67564

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Walter Biggs Wilson
 No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Third.
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Nov. 19/83
 4. Place of Birth, (Street and Number) 193 N. Mount St.
 5. Full Name of Mother Elice Wilson
 6. Mother's Maiden Name Biggs
 7. Mother's Birthplace Pa.
 8. Full Name of Father Frank E. Wilson
 9. Father's Occupation Clerk & Book-keeper
 10. Father's Birthplace Pa.
 Name of Medical Attendant, or other Person who makes this Return. H. R. Pettigrew M.D.
 Address 205 W. Rutledge St.
 Remarks

of Baltimore, under whose charge and supervision every person practicing midwifery in the City of Baltimore shall be required to register, and to file with the Registrar a true and correct copy of the exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be kept as far as the same can be ascertained, the full name of each child (if born illegitimate, the name of the mother, and the date of birth, and the date of registration, and the place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, to the first and third day of each and every month to the Board of Health. In case the birth of a child shall be in a remote or inaccessible place, or in a place where a physician or midwife is not present, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect to fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each failure, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Nov 19th 1883*

4. Place of Birth, (Street and Number) *31 Josephine St*

5. Full Name of Mother, *Lizzie Williams*

6. Mother's Maiden Name, *Lizzie Masters*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Williams*

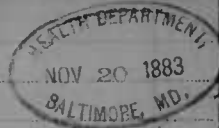
9. Father's Occupation, *Caucasian*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm Thompson*

Address, *38 Josephine St*

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov. 17 - 1883*
4. Place of Birth (Street and Number) *285 E. Bough St.*
5. Full Name of Mother *Hester Coughlan*
6. Mother's Maiden Name *Hester Webster*
7. Mother's Birthplace *Seals Island, Somerset County, Md*
8. Full Name of Father *James Lawrence Coughlan*
9. Father's Occupation *Cigar manufacture*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *Pierre Geo. Tarsal*
- Address *325 E. Baltimore St*
- Remarks

Section 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall in the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care and shall be signed by him or her, and shall be filed in the office of the Commissioner of Health. And if any name shall have been conferred, for sex, color, the full name of the child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or if the parent or parents of such child shall neglect to cause the same to be registered, then shall the duty of the parent or parents of such child to report its birth to the Board of Health, in the form of a certificate, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 19*

4. Place of Birth, (Street and Number) *34 Canalton St*

5. Full Name of Mother, *Anna Eliza Mc Dowell*

6. Mother's Maiden Name, *McDowell*

7. Mother's Birthplace, *Baers*

8. Full Name of Father, *Wm J Mc Dowell*

9. Father's Occupation, *Stone Cutter*

10. Father's Birthplace, *Baers*

Name of Medical Attendant, or other Person who makes this Return *Wm J Mc Dowell*

Address, _____

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 19th

4. Place of Birth, (Street and Number)

149 Hanover St

5. Full Name of Mother,

Elizabeth Woodfield

6. Mother's Maiden Name,

" Stuyker

7. Mother's Birthplace,

Long Island

8. Full Name of Father,

J. L. Woodfield

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

J. C. Birch M.D.

Address,

151 Hanover St

Remarks,

SECTION 6. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person who has charge of the birth, and shall be signed by the name of the mother, and the name of the child, and the sex, color, the full name and occupation of its father, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur within the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is licensed by the Board of Health, the midwife or other person who has charge of the birth shall be bound to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 19th 1883*

4. Place of Birth, (Street and Number) *92 South Spring Street*

5. Full Name of Mother, *Catherine McEnigan*

6. Mother's Maiden Name, *M^{rs}. Mahon*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas A. McEnigan*

9. Father's Occupation, *Storekeeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *James A. McShane, M.D.*

Address, *417 E. Baltimore Street*

Remarks, *(Face)*

NOV
21
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sunday Nov. 19th 1883*

4. Place of Birth, (Street and Number) *44 Gilman Street*

5. Full Name of Mother, *Isabel Emma Carmichael*

6. Mother's Maiden Name, *Howard*

7. Mother's Birthplace, *Waggon, County, Ind.*

8. Full Name of Father, *William Edward Carmichael*

9. Father's Occupation, *Electrician*

10. Father's Birthplace, *Waggon, Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *Emilio Holmes*

Address, *64 N. Spraker St*

Remarks,

NOV 22 1883

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
22
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st. Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 19th 1883*
4. Place of Birth (Street and Number) *106 S. Caroline St.*
5. Full Name of Mother *Lupia M. Honeman*
6. Mother's Maiden Name *J. M. Perry*
7. Mother's Birthplace *Bald City*
8. Full Name of Father *Bernard M. Honeman*
9. Father's Occupation *Full Time*
10. Father's Birthplace *Bald City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Kwinella M.D.*
- Address *299 E. Main St.*
- Remarks

RETURN (It—And be it further enacted and ordained, That every person practicing midwifery in the City
 of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall by the City
 exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commis-
 sioner of Health. The schedule shall contain a list of the births which have occurred under his or her care
 during the month, and shall be signed by the midwife, and shall be filed in the office of the Commissioner
 any name shall have been conferred, its sex, color, the full name and occupation of the father, in the form of a
 piece of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a
 certificate, between the first and third day of each and every month, to the Board of Health. In case the
 birth occurs on the first day of the month, the certificate shall be delivered immediately thereafter. It shall be the
 duty of the parent or parents of such child to return its birth to the Board of Health, in the manner, and
 within the period above required, except in the case of the father and mother of illegitimate children, and
 in such cases the certificate shall be filed in the office of the Commissioner of Health, and the return of this section shall be subject
 to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

NOV 20 1883

BALTIMORE, MD.

Female

White

19th November 1883

No 104 Peach Alley

Emma Hume

Emma Fulk

Baltimore

Walter Hume

Cooper

Berlin

Sabine Greubler

No 128 West St

SECTION 4.—And to it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of all such births, and shall be bound to be furnished by the Commissioner of Health with a schedule of such births, which schedule shall contain a list of the births which shall occur during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month, to the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner to report at least one of the births and names of the children, in the manner, and at the time, and to the place, and to the person, provided for in the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary Kelley

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Nov. 29, 1888

3. Date of Birth.

Nov. 19

4. Place of Birth, (Street and Number)

404 Eastern Avenue

5. Full Name of Mother,

Mary Darrin

6. Mother's Maiden Name,

Mari Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Darrin

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return

M. D. S. Gray

Address,

183 Clarke St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 67570

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Nov 19th 1883
 4. Place of Birth, (Street and Number) 137 Scott St.
 5. Full Name of Mother Mary Eliza Warnken,
 6. Mother's Maiden Name Stewart
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Frederick Warnken,
 9. Father's Occupation clerk
 10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
Address 5 Franklin St.
Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of records, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
24
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19 November monday morning 1 clock

4. Place of Birth, (Street and Number)

Southwest Cor. Radgely & Evers St.

5. Full Name of Mother,

Katie Glasmeier

6. Mother's Maiden Name,

Katie Karsenman

7. Mother's Birthplace,

Bonn in Germany Hanover

8. Full Name of Father,

Henry Karsenman

9. Father's Occupation,

Dealer in Liquor and Feed

10. Father's Birthplace,

Bonn in Prussia

Name of Medical Attendant, or other Person who makes this Return

Amelia Gange

Address.

Remarks.

SECTION 8.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under those charge or superintendences a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same in his possession during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and piece of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the parent or person who shall hereafter fall to comply with the provisions of this section, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, who shall hereafter fall to comply with the provisions of this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 19th 1883

4. Place of Birth, (Street and Number)

No 3 Forrest st

5. Full Name of Mother,

Elizabeth Tate

6. Mother's Maiden Name,

Elizabeth Howard

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Simon Tate

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto city

Name of Medical Attendant,

or other Person who makes this Return

Barrett Jackson

Address,

No 5 Forrest st.

Remarks,

Baltimore city

Section 9.—And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife or other person who has been authorized by the Commissioner of Health to practice midwifery in the City of Baltimore, and shall be delivered to the Board of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the midwife or other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to this Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 19th 1885

4. Place of Birth, (Street and Number)

162 Little Green St.

5. Full Name of Mother,

Mary Kelly

6. Mother's Maiden Name,

Kanner

7. Mother's Birthplace,

America

8. Full Name of Father,

Edward Kelly

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Laharar

Name of Medical Attendant,

or other Person who makes this Return

J. Schussler midwife

Address,

330 Hunnover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(4) fourth

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 19 1883

4. Place of Birth, (Street and Number)

No. 4 Little Poca st.

5. Full Name of Mother,

Anna G. Rony

6. Mother's Maiden Name,

Anna G. Weller

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Rony

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Kunigunda Schlifer

Address,

20 Columbia St.

Remarks,



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67180

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
6-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 20 1883

4. Place of Birth, (Street and Number)

88 1st Avenue

5. Full Name of Mother,

Saena Wood

6. Mother's Maiden Name,

Saena Laubner

7. Mother's Birthplace,

Baltim

8. Full Name of Father,

Samuel Wood

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

W. B. Holt, M.D.

Address,

1011 N. W. 1st St

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden names of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

1st

Male

White

Nov 20th

1411 Williams St

Baltimore

" Raymond

City

John H. Bock

Candy maker

City

J. C. Bunch M.D.

15 N. Hanover St



"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 30

1. Sex, (state whether male or female) Male,

2. Race or Color, (if not of the white race) White,

3. Date of Birth, 308 North Street, November 20th 1883,

4. Place of Birth, (Street and Number) 308 N. Street,

5. Full Name of Mother, Lola L. Minor

6. Mother's Maiden Name, Lola L. Carter

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm. L. Minor

9. Father's Occupation, Manager

10. Father's Birthplace, Birmingham Ala

Name of Medical Attendant, Harvey L. Byrd M.D.
or other Person who makes this Return

Address, 127 N. Lexington St Baltimore

Remarks, Natural color interpretation

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of each month, and shall be filled out by the name of each child, and of its mother, and of its father, and of its sex, color, the full name and occupation of the mother, in the form of a certificate, to be given the first and third day of each and every month to the Board of Health. In case the mother of a child shall be deceased, or in case the child shall be illegitimate, it shall be the duty of the parent or parents, or, in the case of the child, immediately thereafter, to report the birth, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and in such cases the duty of reporting the birth and death of such child shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 20, 1883

4. Place of Birth, (Street and Number)

134 Essex St

5. Full Name of Mother,

Agnes Herbert

6. Mother's Maiden Name,

Rafie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Herbert

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. A. L. Hull

Address, 126 N. Trench St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d time

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

[illegible]

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JAN 11 1884" is stamped in three lines.

Remarks, _____

"That any physician, ecoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *by st*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov 20*
4. Place of Birth, (Street and Number) *54 Williams St*
5. Full Name of Mother, *Emma Bell Carter*
6. Mother's Maiden Name, *Emma Bell Robinson*
7. Mother's Birthplace, *Calverton County, Va*
8. Full Name of Father, *James Carter*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Lancaster Co. House Lancaster County*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Emma Robinson*
- Address, *54 Williams St Baltimore 94 Union St*
- Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of the month of January, and shall be filled up by the person who has the charge of the piece of its birth, and the said schedule shall be delivered, duly signed by the person who has the charge of the birth, between the first and third day of each and every month, to the Board of Health, in case the birth should occur on the first day of the month, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, and the person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 20th 83*
4. Place of Birth, (Street and Number) *148 Conway St.*
5. Full Name of Mother, *Augusta Bachman*
6. Mother's Maiden Name, *Laugenfeldt*
7. Mother's Birthplace, *Sachsen*
8. Full Name of Father, *Aug Bachman*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Prenssin*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kohl*
- Address, *# 328 f Ector St.*
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. (2nd)
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth November 20 - 83 # 760 Penna Avenue
4. Place of Birth, (Street and Number) Emma L. Wise
5. Full Name of Mother Rupp
6. Mother's Maiden Name Baltimore Md.
7. Mother's Birthplace Mrs Lewis Wise
8. Full Name of Father Butcher
9. Father's Occupation Baltimore, Md
10. Father's Birthplace Louis W. Knight M.D
- Name of Medical Attendant, or other Person who makes this return. 112 N. Greene St.
- Address
- Remarks

SECTION 8.—And he if further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file with the Registrar of Births, a list of the names of all the children born in the City, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the Registrar may be able to ascertain, the names of the parents of the child, the sex, the date and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Health. In case the birth of any child shall occur on a Sunday, or on a day which is a legal holiday, the said certificate shall be delivered, between the first and third day of each and every month, to the Registrar of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall be required to file with the Registrar of Health, a list of the children born in the City, shall be liable to a fine of ten dollars for each default, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 November,
4. Place of Birth, (Street and Number) 268 Eutaw street.
5. Full Name of Mother, Amelia Wolf.
6. Mother's Maiden Name, Amelia Schneider.
7. Mother's Birthplace, Germany.
8. Full Name of Father, August Wolf.
9. Father's Occupation, Germany, Schreiniker.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other Person who makes this Return Wm. J. D. D. D.
- Address, 1, Franklin St.
- Remarks, _____

Section 6.—And be it further enacted and ordained, That every person providing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, in the form and to the effect hereinafter set forth, which shall be filled up by the midwife during the month, and shall set forth as far as the same may be ascertained, the name of the mother, the date of the birth, and the sex, color, the full name and occupation of its parents, the day and hour of its birth, and the said schedule shall be delivered, duly signed by the midwife, to the Board of Health, in the form of a certificate, to be filed in the office of the Board of Health, in the manner and to the effect hereinafter set forth. In case the birth of any child shall occur without the attendance of a physician or of a midwife, the person who shall be present at the birth of such child shall report its birth to the Board of Health, in the manner, and to the effect hereinafter set forth, and the said person shall be liable to the same penalties as shall be imposed upon any person or persons who shall hereafter fail to comply with the provisions of this section, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / *Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 20th 1889*
4. Place of Birth, (Street and Number) *No 30 Essex St*
5. Full Name of Mother, *Francis Wiley*
6. Mother's Maiden Name, *Chendschein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W Wiley*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Patterson Park Dr*
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 20
4. Place of Birth, (Street and Number) 21 Edward st
5. Full Name of Mother, Emma Cline-man
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Baltimore md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return Mrs Leals Johnson
- Address, 14 Edward st
- Remarks, healthy child

[illegible]

HEALTH DEPARTMENT
NOV 20 1983
BALTIMORE MD.

1. Sex, (state whether male or female) ... *Female*

2. Race or Color, (if not of the white race) Indian

3. Date of Birth, 20 of November 1901

4. Place of Birth, (Street and Number) No 34 Kiala-lu St

5. Full Name of Mother, Mary Lichert

6. Mother's Maiden Name, Mary Schfer

7. Mother's Birthplace, *Bathinore*

S. Full Name of Father, *Jacob Siebert*

9. Father's Occupation, *Engineer*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return *Sabina Presnabe*

Address... No 128 West Dr.

Remarks,

67578

HEALTH DEPARTMENT
NOV 20 1983
BALTIMORE, MD.

2d, 3d, etc.) 5

Male

Writ

20 September 1911

No 4 Knechtmans (alt.)

Ami. Kemmer

Magu. Denny

Magn

Grand
M + H

Warten

Kaboncu

Sept 1861

Patricia A. ...
... ..

No. 128 *Handwritten*

W. B. HUNT & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *November 28th 1883*

4. Place of Birth, (Street and Number) *32 Harrison St.*

5. Full Name of Mother, *Caroline Silberman*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Samuel Silberman*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *113 E. Lombard St.*

Remarks,



1960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 5-12

Female

70. 1. 15

11. 11. 1883

no 15 2nd 8/11/1-

Augusta Vagg

Augusta Ga. 4th

Germany

Henry Bass

Carpet-Weaver

Germany

or other Person who
makes this Return

182 E. Monroe St. 10/1

W. F. FLETCHER, CITY PRINTERS AND STATIONERS.

SECTION 11.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall not forth, or far as the same can be ascertained, the full name of each child (if any name shall have been conferred); its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form a heretofore prescribed, to the Commissioner of Health, or to the Registrar of Vital Statistics, or to the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner and within the period now provided by law, and the said schedule shall be subject to inspection and to a fine of not less than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *20 Dec*

4. Place of Birth, (Street and Number) *195 Carroll St*

5. Full Name of Mother, *Mary Mc Guire*

6. Mother's Maiden Name, *Mc Guire*

7. Mother's Birthplace, *Balt. Md*

8. Full Name of Father, *John Mc Guire*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balt. Md*

Name of Medical Attendant,

or other Person who makes this Return

Mrs Rosa M. H. H. H.
78 Hollands St

Address,

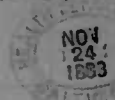
Remarks,

Balt

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 87603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th November 1883

4. Place of Birth, (Street and Number) 515 Lombard St

5. Full Name of Mother, Kate Butler Brooks

6. Mother's Maiden Name, Kate Butler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Michael S. Brooks

9. Father's Occupation, Policeman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 2145 Poppleton St

Remarks,

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under its cover, and any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in case of the death of a child, shall be neglected, the practitioner shall be liable to a fine of not less than ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Irish Race*

3. Date of Birth. *Nov. 21, 1883*

4. Place of Birth, (Street and Number) *11 McCarroll*

5. Full Name of Mother, *Rosa Turner*

6. Mother's Maiden Name, *Rosa Johnson*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *William Turner*

9. Father's Occupation, *Crocker Shucker*

10. Father's Birthplace, *West River*

Name of Medical Attendant, or other Person who makes this Return *Gustav H. H. H.*

Address, *1312 Broadway St.*

Remarks,

of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall file with the City exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred since his or her commission was issued, and shall be filed with the Commissioner of Health, and the full name of each child at the time of its birth, and the said schedule shall be delivered, duly signed by the registrant, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the registrant shall neglect to file such certificate, or to deliver the same, or to file the same in the manner and within the period above required, except in the cases of the birth, and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each violation, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

November 20th

4. Place of Birth, (Street and Number)

84 Roberts St.

5. Full Name of Mother,

Emiline Steel

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. Henry A. S. Keyser

Address,

*375 Madison St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 6766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 22nd 1883.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 20th 1883.*
4. Place of Birth, (Street and Number) *22 Fairmount Ave.*
5. Full Name of Mother, *Mary Franz.*
6. Mother's Maiden Name, *Mary Wagner.*
7. Mother's Birthplace, *America.*
8. Full Name of Father, *Benedict Franz.*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *America*
11. Name of Medical Attendant, or other Person who makes this Return *Mrs Mary Amend.*
- Address, *No. 137 S. Wolfe St.*
- Remarks, *OK*

NOV
23
1883

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commission on the subject, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month, and shall set forth, as far as the same can be ascertained, the full name of such child, and any name shall have been conferred, in sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, on or before the first day of the month, and the said certificate shall be filed by the Registrar of Vital Statistics, and shall be a part of the records of the Registrar of Vital Statistics, and shall be subject to the inspection of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16
11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 21, 1883

4. Place of Birth, (Street and Number) 15 Chesworth St.

5. Full Name of Mother, Rose Hamburger

6. Mother's Maiden Name, Rose Hamburger

7. Mother's Birthplace, Germany

8. Full Name of Father, Lewis Hamburger

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. W. Hock, M.D.

Address, 75 E. Balto. St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in this City of Baltimore, shall be and he or she shall be bound to keep and maintain a book or books, in which shall be entered a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of its sex, race or color, date of birth, place of birth, and the name of the mother, and shall also enter the date and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 24, 1883*

4. Place of Birth, (Street and Number) *Hillman St. No. 62.*

5. Full Name of Mother, *Sarah A. Freitag*

6. Mother's Maiden Name, *Sarah A. Zimmer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Theodor Freitag*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Neuengrabe, Pr. Prussia, Germany*

Name of Medical Attendant, *May E. Miller*

or other Person who makes this Return

Address, *12 Dallas St. No. 26*

Remarks,

NO. 1
27
1883

"That any physician, accouchéur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

14610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

Nov 21st 1883

3. Date of Birth,

191 Montymer St

4. Place of Birth, (Street and Number)

Alice G. Smith
Alice Archer

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ill
Illinois
St. Louis

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Ill
B.B. North, M.D.
507 North Ave

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

17/11

if the mother, under any change or superintendence, a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Board of Health, at the time of the annual return of the births, and shall also submit a list of the births which have occurred under such change of place, and shall set forth, as far as the same can be ascertained, the full name of each child at the time of its birth, the date of its birth, the place of its birth, and the said certificate shall be delivered, duly signed by the doctor of Health, in the form of a certificate, within the first and third day of each and every month to the Board of Health. In case the mother shall be unable to do so, the father, or the nearest male relative, shall be bound to do so, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the effect, as aforesaid, and the said certificate shall be delivered, duly signed by the doctor of Health, to the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

2

Male

18

20 November

2. Concord

Lizzie Schultz

Stark

Germany

August Schultze

Labourer

Germany

Sarah. Caster

2. E. Lombard street

;

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

77612

1933

General

Shanghai

Mar. 21 1883

12978 28.06.02

Flora Green

Barbier.

Katie P. Quinn

Barilla

Harvard

Henry A. Howell

JOHN F. MEYER & CO., CITY PRINTERS AND STATIONERS.

SECTION 9. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is charged or superintends the birth of any child, shall, before or after the birth, keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the last year, and shall be filled up by the midwife or person practicing midwifery, and shall be filed in the office of the Commissioner of Health, and shall be subject to the inspection of the Commissioner of Health, and shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21 1883

4. Place of Birth, (Street and Number) 24 W. Mechem

5. Full Name of Mother, Eliza Joyce

6. Mother's Maiden Name, Eliza Cooper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Joyce

9. Father's Occupation, Employer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm G. McConnel

Address, 245 W. Mechem St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

female

21st Novr 1883.

157 Saratoga St

Augusta Walburga Myer

A. W. Schaefer

Germany (Bavaria)

Joh. Myer

Saloon Keeper

Germany Bavaria

J. H. Feldman M. D.

120 Pearl St. Baltimore

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of its birth, and the date of its birth, and the date of its delivery, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person duly qualified to receive the same, the parent or parents of such child shall be liable to a fine of five dollars, and any person or persons who shall be liable to a fine of five dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 21st 1883*

4. Place of Birth, (Street and Number) *No 243 E. Duval Street*

5. Full Name of Mother, *Elizabeth Devereux*

6. Mother's Maiden Name, *Adams*

7. Mother's Birthplace, *Ct*

8. Full Name of Father, *James Devereux*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Ct*

Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Devereux*

Address, *120 Bank St*

Remarks,

H
670.16

Imore City

Fifth (5.)

Male.

White

November 21st 1883

Harford Road

Mary Schaefer

Thuma

Baltimore

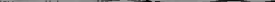
Conrad Schafer

Butcher

Germany

Josephina Konrad

No 20. Barnes Str



JOHN P. LEE & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67618

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NO 1
221
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... November 21st 1883
4. Place of Birth, (Street and Number)..... 60 N Washington St.
5. Full Name of Mother,..... Sallie Gould
6. Mother's Maiden Name,..... " Smith
7. Mother's Birthplace,..... Baltimore, Md.
8. Full Name of Father,..... Ross Gould
9. Father's Occupation,..... Clerk B. & O. R. Road Office
10. Father's Birthplace,..... Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return,..... J. H. McClellan
- Address,..... 27 Broadway
- Remarks,.....

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th
Female

Nov 21

Madison Ave.
Annie Jackson
Sister

Balt.
Lloyd S. Jackson
Merchant
N. Va.

H. M. Wilson
257 Mad. Ave.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1/6/20

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 21st

1883

4. Place of Birth, (Street and Number)

Randall St. No. 112

5. Full Name of Mother,

Minnie Richardson

6. Mother's Maiden Name,

Minnie Miller

7. Mother's Birthplace,

Cincinnati Ohio md

8. Full Name of Father,

John P. Richardson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Balt city md

Name of Medical Attendant,

or other Person who makes this Return

C. Hintar

Address,

No 79 Randall street

Remarks,

Premature Birth about 8 months
died Nov 22 1883

6/63

NOV 27 1993

Ch. Child

Simone

Jan 21 1883

1626 Clifford

Carla's Rich

Backbone

18211 2 22 11

Theresa Nick

1891
H. C. P.

Thos. W. Higginson

learning.

1) *S. Schreineri* *sp. nov.*

Dr. Hammer 16

UNION B. BKT. A 121-1175 PRINTED AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 21st

4. Place of Birth, (Street and Number)

St. Vincent's Infirmary Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Mat. Welch

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

NOV 26 1893

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall by the City exact register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred; its sex, color, the full name and the time of its birth, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery or shall be attended by any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21 November

4. Place of Birth, (Street and Number) 17 Fayette St

5. Full Name of Mother, Annie Hofffeld

6. Mother's Maiden Name, " Parr

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, George Hofffeld

9. Father's Occupation, cabinet maker

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa M. M. M.

Address,

43 Hubbard St.

Remarks,

Balt

RECORDS OF THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. November 22nd 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 21st 1883

4. Place of Birth, (Street and Number) 113 Durham St

5. Full Name of Mother, Mary Wendor

6. Mother's Maiden Name, Mary Zimmermann

7. Mother's Birthplace, Germany

8. Full Name of Father, John Wendor

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary Amend

Address, No. 137 S. Wolfe St.

Remarks,

CD

NOV
23
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. November 22nd 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

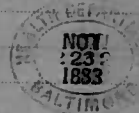
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 21st 1883
4. Place of Birth, (Street and Number) 116 Duncan Alley
5. Full Name of Mother, Mary Ninkle
6. Mother's Maiden Name, Mary Schleier
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ninkle
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, No. 137 S. Wolfe St.

Remarks,

Mrs. Mary Amend



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
23
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 21st 1883
4. Place of Birth (Street and Number) Hollins st. No 525
5. Full Name of Mother Isabel Stuart
6. Mother's Maiden Name Isabel Murphy
7. Mother's Birthplace Virginia
8. Full Name of Father Richard Stuart
9. Father's Occupation Clerk
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return Geo. C. Cople
- Address 229 Cary st.
- Remarks

11/1/69

timore City

The Phil

- White

Harry E. Huller

Harry E. Huller

.....

sections C. And to be further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall heretofore take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the commission-ers of the Health Department, and shall file the same in the office of the Health Department, before the expiration of the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; the sex, color, the full name and occupation of its parent, the date of its birth, the date of its registration, and the date of its removal to the place of its abode; and shall file a copy of the same in the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practicing midwife, the names of the parent or parents of such child, and the date of its birth, shall be reported to the Board of Health, in the manner and within the period above required, except in the cases of the birth and death of any legitimate child, who shall be subject to the same provisions of law as illegitimate children. And no child shall be subject to any such provisions, unless it shall be subject to the same provisions of law as illegitimate children. And no child shall be subject to any such provisions, unless it shall be subject to the same provisions of law as illegitimate children.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, November 22,

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

S. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant _____

er other Person who
makes this Return

Address,

Remarks,

NOV
27
1883

CERTIFICATE ATTACHED 12-6-50

H
14631

Board of Health, Baltimore City:
Samuel Taylor Hall

~~Female~~ Male

White

November 23rd 1883

60 Harborview.

Ward Hall

Wm. Gordon

Stilpnia

Samuel Hall

(1) *Jan 1, 1947*

Baltimore)

16. A. Brito

15. V. Hermannstadt

See N. C.

MS B. 1.17 v. 10, p. 81A FLEETWORTH AND STATIONERS.

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a set of the following questions, to be answered by the midwife or other person who can be ascertained, the full name of each child at the time of its birth, the date of its birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day after the birth of the child, to the nearest Registrar of Births, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and every person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Nov 22nd / 83*
4. Place of Birth, (Street and Number) *534 W. Baltimore St Baltimore*
5. Full Name of Mother, *Anna C. Weekesser*
6. Mother's Maiden Name, *" " Heathholder*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John F. Weekesser*
9. Father's Occupation, *Dairyman*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *W. W. Knapp, M.D.*
- Address, *No 38. N. Lexington St Baltimore, Md.*
- Remarks,

Section 6.—And be it further enacted and established: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife or other person in attendance upon the mother, at the place of its birth, and the said schedule shall be delivered, duly signed by the midwife, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth of illegitimate children, and any neglect or refusal to do so, shall be proved to the satisfaction of the Board of Health, the parent or parents shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

Dec 22nd 1883

4. Place of Birth, (Street and Number)

No 4 Jefferson St Court

5. Full Name of Mother.

Mrs Mathias

6. Mother's Maiden Name.

Alie Wierse

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

James Mathias

9. Father's Occupation.

Cypherhacker

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Lucretia Westford

Address.

131 Regester St

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64635

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

| | |
|--|--------------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st. |
| 1. Sex (state whether Male or Female) | Male. |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | November 22 ^d 1883. |
| 4. Place of Birth (Street and Number) | 166 McCollish St. Extension. |
| 5. Full Name of Mother | Annie M. C. Postel. |
| 6. Mother's Maiden Name | Annie M. C. Koenig. |
| 7. Mother's Birthplace | Baltimore City. |
| 8. Full Name of Father | George A. Postel. |
| 9. Father's Occupation | Wood Engraver. |
| 10. Father's Birthplace | Baltimore City. |
| Name of Medical Attendant, <small>or other Person who makes this Return.</small> | John O. Remington M.D. |
| Address | 134 N. Carrollton Ave. |
| Remarks | |

[illegible]

Baltimore City

DEC 13 1933

Summe

22 mile

November 22^d 1883.

336. East. Monument St.

Josephine Kinderhook

1912

Philadelphia Pa.

Chas. John Henry Kinderlehrer

Pailor

Leann Crut.

And illogest

182 E. Monument St

Remarks,

[illegible]

Baltimore City.

4

made.

White

November 22^d 1883

334. North Log Stril.

Augusta Hayden

August Walker.

Balle.

Charles. Hagen

Barber Shop

Germany.

Henri Hillegast

or other Person who
makes this Return

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

DEC
7
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of children within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Right
Male
White
2nd November 1883
210 Hudson Street
Laura J. Weiner
Laura J. Taylor
Baltimore City
John T. Weiner
Fisherman
Baltimore County
Mrs Sarah Collins
104 Busby street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
 vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

11th

Female

Colored

Apr 22, 1881

93 Oxford St

Mary Jones

Leah

Baltimore

Perro Jones

Drayman

Baltimore

Mrs Annie Johnson

94 Tyson Street

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of the same, and shall submit the same to the Registrar of Vital Statistics, at the City Hall, at the expiration of each month, and shall also submit a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at any name shall have been conferred; its sex; color; the full name and occupation of its parents; the day and place of its birth; the time between the first and third day of each and every month, in the case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be its attendant; the manner, in which the mother, immediately thereafter, shall then become pregnant, and the date of the birth of the child; and the date of the death of the child, in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 22nd*

4. Place of Birth, (Street and Number) *Canter Ave 277*

5. Full Name of Mother, *Waggie Walderod*

6. Mother's Maiden Name, *Germer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Germer*

9. Father's Occupation, *shoe maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Croun*

Address, *278 Lombard st*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *November 22nd 1883*
 4. Place of Birth (Street and Number) *N 24 N York St*
 5. Full Name of Mother *Pauline A Radcliff*
 6. Mother's Maiden Name *Dobler*
 7. Mother's Birthplace *Maryland*
 8. Full Name of Father *Samuel Radcliff*
 9. Father's Occupation *Printer*
 10. Father's Birthplace *Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *Sam J. Bell M.D.*
 Address *134 N York St*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex. (state whether male or female)

Female

2. Race or Color. (if not of the white race)

White

3. Date of Birth,

November the 27th 1883

4. Place of Birth, (Street and Number)

Pratt St No 872

5. Full Name of Mother,

Cony Loh

6. Mother's Maiden Name,

Cony Robert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carthorsh Loh

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs S Kelly

Address,

No 797 Pratt St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

b766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 22nd

4. Place of Birth, (Street and Number)

118 N Schroeder St

5. Full Name of Mother,

Mrs. Olivia G. Edmondson

6. Mother's Maiden Name,

" " Mahan

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

J. William Edmondson

9. Father's Occupation,

Carman

10. Father's Birthplace,

Ind.

Name of Medical Attendant,

or other Person who makes this Return

H & Hill M D,

Address,

Cor Edmondson av. & Schroeder St

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9-3 Hillen St. Nov 22: 83
4. Place of Birth, (Street and Number) 9-3 Hillen St.
5. Full Name of Mother, Emma B. Clayton
6. Mother's Maiden Name, " Bosc
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph B. Clayton
9. Father's Occupation, Carriage painter
10. Father's Birthplace, Delaware
- Name of Medical Attendant, or other Person who makes this Return Dr. Williams
- Address. 201 Madison Ave
- Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male
Colored

NOV
26
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 22nd 83

4. Place of Birth, (Street and Number)

No 176 Chestnut St
Tilly Grant

5. Full Name of Mother,

Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

"Prato"
Taylor Frank

8. Full Name of Father,

Waiter

9. Father's Occupation,

Waiter

10. Father's Birthplace,

St. Nelson Co

Name of Medical Attendant, or other Person who makes this Return

Address,

Cashman W Bally

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same until the child has attained the age of one month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of its birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the date of its delivery, and shall also set forth the name of the physician, or of a practitioner of midwifery, or of any other person to in at evidence upon the mother, immediately thereafter, if shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner and within the time required by the Board of Health, and shall also set forth the name of the physician, or of a practitioner of midwifery, or of any other person who shall hereafter fall to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child
Little Girl

1. Sex, (state whether male or female)

White race

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born November 22. 1883.

4. Place of Birth, (Street and Number)

corner Payson and Frederick

5. Full Name of Mother,

Mrs. Meirles

6. Mother's Maiden Name,

Margaret Smith

7. Mother's Birthplace,

Bayerin Germany

8. Full Name of Father,

Corand Meirles

9. Father's Occupation,

Labon

10. Father's Birthplace,

Bayerin Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. M. Miller

Address,

1017 West Pratt st

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

November 22nd 1883.

No. 437 E. Chaw St

Susanna A. Heil.

" " " Lago.

Baltimore, Md.

Charles F. Heil.

Shoemaker.

Baltimore.

J. Ridgway Andre' M.D.

No 12 E. Balto, St.



SECTION 8. And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, and every person whose change or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the year, and during the month, and the day, and the hour, and the place, and the sex, and the color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in the manner, and within the period above required, except in the case of a birth occurring on the last day of a month, in which case it should be delivered on the first day of the next month, and the said certificate shall be subject to the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1776.12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22 Nov.

4. Place of Birth, (Street and Number) Point Lane Harford Road

5. Full Name of Mother, Johanna Lizzie Stooffer

6. Mother's Maiden Name, Schmies

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, George Stooffer

9. Father's Occupation, Butcher

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Ulbig

Address, 48 Hall Street

Remarks, _____

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is charged with the charge of a birth, shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Comptroller of Health. This schedule shall contain a list of the terms which have occurred, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in the manner and within the period above specified, except in the cases of stillbirths, and in such cases the certificate shall be delivered to the Board of Health for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *29 November*

4. Place of Birth, (Street and Number) *83 Belton St.*

5. Full Name of Mother, *Ida Kummer*

6. Mother's Maiden Name, *Ashman*

7. Mother's Birthplace, *Bairen*

8. Full Name of Father, *Harry Kummer*

9. Father's Occupation, *Shoe Fitter*

10. Father's Birthplace, *Balt. Md*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

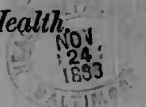
*Dr. D. W. Ulbig
48 Holland St.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Labor*

1. Sex (state whether male or female) *Twins, both males*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *November 27th 1883*

4. Place of Birth (Street and Number) *10 Jackson Place*

5. Full Name of Mother *Charlotte White*

6. Mother's Maiden Name *" Simpson*

7. Mother's Birthplace *Canada*

8. Full Name of Father *Henry J. White*

9. Father's Occupation *Died Nov 17th 1883, was Ship Chandler, &c*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Miller*

Address *255 W. Bay*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

ONE
TO
FILE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 23rd 1883.

4. Place of Birth, (Street and Number)

666 N. Lombard St.

5. Full Name of Mother,

Francis C. Nicholson.

6. Mother's Maiden Name,

Carter.

7. Mother's Birthplace,

White Hall, N. Y.

8. Full Name of Father,

Washington Nicholson.

9. Father's Occupation,

Wood Carver.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

John H. White, M.D.

Remarks,

342 N. Broadway

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address, 185 E. 2nd St. Central Ave. Monument St.

Remarks, *All Well*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1883
 DEC
 12
 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Nov 28/83*

4. Place of Birth (Street and Number) *173 Howard St*

5. Full Name of Mother *Mary Mitchell*

6. Mother's Maiden Name *" Moore*

7. Mother's Birthplace *md*

8. Full Name of Father *Sam'l Mitchell*

9. Father's Occupation *Comm Merchant*

10. Father's Birthplace *Balt*

Name of Medical Attendant, or other Person who makes this Return. *Dr A Lewis*

Address *162 Howard St*

Remarks

Return of a Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, send or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76

DEC
7
1883

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

White
Nov. 23/13
+ 647 W. Bays St
Ambrosia Straus
Frank
Louis Straus
dry hat merchant
Wiesenberg near Goldblum

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

H. P. Spencer M.D.
387 W. Lombard St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 23rd 1873
4. Place of Birth (Street and Number) Chesnut St. City
5. Full Name of Mother Elizabeth Broughton
6. Mother's Maiden Name Spaillings
7. Mother's Birthplace Balt. City
8. Full Name of Father Thomas Broughton
9. Father's Occupation Sailor
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Loetitia Hoare
- Address 116 North Caroline St. City
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth,*

4. *Place of Birth, (Street and Number)*

- 5.
- Full Name of Mother.*

- 6.
- Mother's Maiden Name.*

- 7.
- Mother's Birthplace,*

8. *Full Name of Father,*

- 9.
- Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 6/1/62

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 23^d 1883
4. Place of Birth, (Street and Number) Burgundy Alley No 59
5. Full Name of Mother. Leathia Wilson
6. Mother's Maiden Name.
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father. Bassell Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert Co. Md
- Name of Medical Attendant, or other Person who makes this Return Deborah Thomas
- Address, 71 Burgundy Alley
- Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, and who is not a member of the College of Physicians and Surgeons of the City of Baltimore, shall be deemed an unlicensed midwife, and shall be liable to the same penalties as are provided by law for unlicensed midwives. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, and who is not a member of the College of Physicians and Surgeons of the City of Baltimore, shall be deemed an unlicensed midwife, and shall be liable to the same penalties as are provided by law for unlicensed midwives.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Nov 23rd 1883*
 4. Place of Birth, (Street and Number) *3 Park st*
 5. Full Name of Mother, *Ernestine Eaton*
 6. Mother's Maiden Name, *Wray*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Thomas Eaton*
 9. Father's Occupation, *Policeman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
 Address *612 Patterson Park av*
 Remarks, *Full name of child - Katie May Eaton*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6-7664

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eleventh. (11th)*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *23* *December* *1883*
4. Place of Birth, (Street and Number) *146 Kenilworth St*
5. Full Name of Mother, *Minnie Haestopf*
6. Mother's Maiden Name, *Hintermisch.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Haestopf*
9. Father's Occupation, *shoemaker.*
10. Father's Birthplace, *Holstein, Europe.*

Name of Medical Attendant, or other Person who makes this Return *Susan Stanton*

Address, *21 N. Fayette St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *by letter*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *23rd Nov-83*
4. Place of Birth, (Street and Number) *218 Mulberry St*
5. Full Name of Mother, *Mrs A. Cole*
6. Mother's Maiden Name, *Mrs Annie Jones*
7. Mother's Birthplace, *va*
8. Full Name of Father, *~~Mrs Jones~~ Mr Cole*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *va*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Leah Walker*
- Address, *99 Spring St*
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 17667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

male

27-12-83

4. Place of Birth, (Street and Number)

Spring St no 146

5. Full Name of Mother,

Marquette

Blondie

6. Mother's Maiden Name,

Marquette

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Solaly

9. Father's Occupation,

Clay Labeled

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Amey. Hunt

Address,

no 1-22 north Charles St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Nov 23rd 1883
4. Place of Birth (Street and Number) 63 N. High St
5. Full Name of Mother Mary Ann Garrity
6. Mother's Maiden Name " " Leary
7. Mother's Birthplace Baltimore
8. Full Name of Father Barthley Garrity
9. Father's Occupation Porter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds
- Address 171 N. Calvert
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *23^d of Nov. 1883.*
 4. Place of Birth (Street and Number) *No 12 Abbott St. Balto*
 5. Full Name of Mother *Anna Pazourek*
 6. Mother's Maiden Name *Anna Polak*
 7. Mother's Birthplace *Bohemia*
 8. Full Name of Father *Peter Pazourek*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Bohemia*
 Name of Medical Attendant, or other Person who makes this Return. *Kateryna Pazourek*
 Address *41 Abbott St Balto*
 Remarks *Born Live*

NOV 27 1883
67669

For the records of the Vital Statistics of the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov 23rd 1883

4. Place of Birth, (Street and Number)

201 W. Biddle St

5. Full Name of Mother,

Rebecca L. Winslow

6. Mother's Maiden Name,

Leifer

7. Mother's Birthplace,

Delaware Co Chester - Pa.

8. Full Name of Father,

Randolph Winslow

9. Father's Occupation,

Physician

10. Father's Birthplace,

Hartford -

W. C.

Name of Medical Attendant, or other Person who makes this Return

Dr R. Winslow

Address,

201 W. Biddle St

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

11. 23. 83

4. Place of Birth (Street and Number)

61 N. Poppleton St.

5. Full Name of Mother

Sarah M. Ways

6. Mother's Maiden Name

McGord

7. Mother's Birthplace

W. Va.

8. Full Name of Father

Robt. B. Ways

9. Father's Occupation

clerk

10. Father's Birthplace

Balls, Co. Ind.

Name of Medical Attendant, or other Person who makes this Return.

W. M. Crookman

Address

Remarks

Pedims

349 West R

17671

104
27
1883

69673
NOV 24 1893

NOV
24
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

Make.

Black

November 23rd 1878.

No 3 Grinnell Forest.

Mary Thomas.

14

Baltimore, Maryland.
(Unknown)

(Unknown)

1

14

L. H. L. Lopez, M. D.

293 *Saxatoga* etc.

J. C. BULAWY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

November 23/93

4. Place of Birth, (Street and Number)

Hoffman St. extended near Long & Lane

5. Full Name of Mother,

Georgeann a Taylor

6. Mother's Maiden Name,

Georgeann a Sewell

7. Mother's Birthplace,

Frederick City Frederick Co. Md.

8. Full Name of Father,

James H. Taylor

9. Father's Occupation,

Gardener

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return.

J. Russell M. Arthur M.D.

Address,

Belair Avenue

Remarks,

The mother was in labor a long time before born but soon when born the child was very thin, pale, & drew about 12 breaths when caused restricted respiration. Established respiration before 10 min. - J. R.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV
27
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Nov 24th
4. Place of Birth (Street and Number) Edin St 128
5. Full Name of Mother Margaret Rank
6. Mother's Maiden Name Margaret Kidney
7. Mother's Birthplace Baltimore
8. Full Name of Father John Rank
9. Father's Occupation Broom Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Groome
- Address 466 N Gay St Baltimore
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62/676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 24th 1893

4. Place of Birth, (Street and Number)

15 Banne St

5. Full Name of Mother,

Annie Hopwood

6. Mother's Maiden Name,

Annie Miller

7. Mother's Birthplace,

Fredensborg, Md

8. Full Name of Father,

Malcolm Hopwood

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Fredensborg, Md

Name of Medical Attendant, or other Person who makes this Return.

W. H. Meadows

Address,

1431 Charles

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

67677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth, No. 29 8-3

4. Place of Birth, (Street and Number)

No 44 Parrishaley

5. Full Name of Mother.

6. Mother's Maiden Name,

Rosa Southern

7. Mother's Birthplace,

St Mary Co

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Charlotte Wain

Address,

258 N. Calver St

Remarks,

None

NOV 28 1893

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Commissioner of Health, and shall also enter on the said schedule the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parent or person who shall be in attendance upon the mother, immediately thereafter, if such then become the duty of the parent or person of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, provided in and by the Act in that behalf made, and in default of which, without that the parent or person of such child hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 24/83*

4. Place of Birth, (Street and Number) *223, Copway St*

5. Full Name of Mother, *Mary E. Fleishell*

6. Mother's Maiden Name, *a a Hudson*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Harry B. Fleishell*

9. Father's Occupation, *Cab Maker*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Dr D Blake*

Address, _____

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

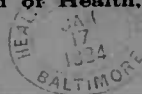
DEC 7 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 24, 1883*
4. Place of Birth, (Street and Number) *357 Lafayette St. -*
5. Full Name of Mother, *Elizabeth Jane Emmant -*
6. Mother's Maiden Name, *Elizabeth Jane Gregg*
7. Mother's Birthplace, *Baltimore - Md.*
8. Full Name of Father, *William Monaghan Emmant -*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore County, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. ...*
- Address, *357 Lafayette St. -*
- Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 24 1883*

4. Place of Birth, (Street and Number) *175 E. Chase St.*

5. Full Name of Mother, *Annie Griffin*

6. Mother's Maiden Name, *Annie Smith*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *J. H. Griffin*

9. Father's Occupation, *Steamman*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return *J. H. Robinson M.D.*

Address, *25 1/2 Greenb. Ave.*

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file and deposit with the Registrar of Births and Deaths, a true and correct copy of a schedule or list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the date of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, or certificate, between the first and third day of each and every month, to the Registrar of Births and Deaths, or to any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 24th
4. Place of Birth, (Street and Number) 37 Ryan St
5. Full Name of Mother, Lizzie Doyle
6. Mother's Maiden Name, Lizzie Roche
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Doyle
9. Father's Occupation, Laborm
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs H Seaback
- Address, No 14 39 West Pratt street
- Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth *24th of November 1883*
 4. Place of Birth (Street and Number) *2317 10th St*
 5. Full Name of Mother *Louisa Jones*
 6. Mother's Maiden Name *Louisa Sanders*
 7. Mother's Birthplace *Eastern Shore*
 8. Full Name of Father *Josephus Jones*
 9. Father's Occupation *Cigar Seller*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, (State Person who makes this Return.) *Mary Jane Richardson*
 Address *212 Dover Street*
 Remarks

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

676R

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
~~White~~ Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

2d Nov. 1883

4. Place of Birth, (Street and Number)

Balto city No 383 W Hoffman St

5. Full Name of Mother,

Henry Carrow

6. Mother's Maiden Name,

Henry Quinn

7. Mother's Birthplace,

Balto County

8. Full Name of Father,

John Carrow

9. Father's Occupation,

~~Wagon Horse Shaver~~

10. Father's Birthplace,

Balto County

Name of Medical Attendant, or other Person who makes this Return

Mrs Hunter

Address,

21 N Poppleton St

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1-1-1894

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 27 1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 24th 1893
4. Place of Birth (Street and Number) 116. North Caroline St. Balt.
5. Full Name of Mother Estelle Pearly
6. Mother's Maiden Name Sheckell
7. Mother's Birthplace Westminster Md
8. Full Name of Father James Pearly
9. Father's Occupation Traveller Commercial
10. Father's Birthplace New York City
- Name of Medical Attendant, or other Person who makes this Return Estelle Pearly
- Address 116. North Caroline City
- Remarks

Return of Birth of Child of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Colored male

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 Nov. 1883

4. Place of Birth, (Street and Number)

145 S. Durham St

5. Full Name of Mother.

6. Mother's Maiden Name,

Mariah Benson

7. Mother's Birthplace,

Easton Shore Talbot Co. Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Leah Walker

Address,

8 W. Spring St City

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall, once a month, before the first day of the next ensuing month, deposit with the City Registrar of Births, a true and correct copy of a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, and the name of its parents, the day and place of its birth, and the name of the physician, or of a practitioner of midwifery, or of any other person, who attended the birth of the child, and who became the duty of the parent or parents of such child to report its birth to the City Registrar of Births, and who, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *DEC 23*

3. Date of Birth, *November 24 1873*

4. Place of Birth, (Street and Number) *255 E. Madison St.*

5. Full Name of Mother, *Marjorie S. M. Lane*

6. Mother's Maiden Name, *J. Pearson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John C. Pearson*

9. Father's Occupation, *Bookbinder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary A. Allwell*

Address, *286 N. Toney St*

Remarks, _____

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth, and shall, at the expiration of every month, send to the Registrar of Vital Statistics a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child; the sex, color, the full name and occupation of the parents, the name and place of the birth, and the actual day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth. *24 November 1887*

4. Place of Birth, (Street and Number) *132 W. Calvert St*

5. Full Name of Mother, *Lurina Johnson*

6. Mother's Maiden Name, *Lurina Gaskins*

7. Mother's Birthplace, *Alexander, Va*

8. Full Name of Father, *John L. Johnson*

9. Father's Occupation, *Interco's man*

10. Father's Birthplace, *Appomattox Co Va*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. Jones*

Address, *117 W. Calvert St*

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, or who shall be present at a birth, shall, immediately after the birth, and before the child is removed from the place of birth, and before the mother is discharged, file a return of the birth, in the form of a schedule, in duplicate, with the Registrar of Vital Statistics, to be furnished by the Registrar of Health, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of the parent, the date of the birth, the place of birth, the day of the month, the first and third day of each and every month, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance, to sign and file the return, and to be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17689

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 24 March 1883

4. Place of Birth, (Street and Number) No 9 Western St

5. Full Name of Mother, Elizabeth Lister

6. Mother's Maiden Name,

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, William Lister

9. Father's Occupation, Carpenter

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, Mary C. Brown

or other Person who makes this Return

Address, No 17 Western St

Remarks,

CERTIFICATE RECEIVED BY VARIOUS SURVIVORS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14690

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

| | |
|--|---------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Nov 24 th 1883 |
| 4. Place of Birth, (Street and Number) | 146 Elliott St |
| 5. Full Name of Mother, ... | Mary |
| 6. Mother's Maiden Name, | Wallace |
| 7. Mother's Birthplace, | Baltimore Md |
| 8. Full Name of Father, | Frank B. Randall |
| 9. Father's Occupation, | Telegrapher |
| 10. Father's Birthplace, | Baltimore Md |
| Name of Medical Attendant, or other Person who makes this Return | E. Williams M.D. |
| Address, | 103 E. 14th St. |
| Remarks, | |

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the Health, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date when it shall be delivered, duly signed by the practitioner of midwifery, or by the parent or parents of such child, and shall forward the same to the Board of Health, in the form of a certificate, on or before the first day of January next ensuing the birth of such child, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24th of November 1883*

4. Place of Birth, (Street and Number) *367 East Calver Street*

5. Full Name of Mother, *Mollie Kersh*

6. Mother's Maiden Name, *Mollie Sherman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Sherman*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Cecilia Kessel*

Address, *71 North Chapel St. for Justina Kessel*

Remarks, *Healthy*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
12
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov 25/83*
4. Place of Birth (Street and Number) *103 N Chas St*
5. Full Name of Mother *Mary Jarvis*
6. Mother's Maiden Name *Sipes*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Frank Jarvis*
9. Father's Occupation *Mat*
10. Father's Birthplace *Va*
- Name of Medical Attendant, or other Person who makes this Return. *Geo A Lewis*
- Address *162 N Ansony St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25th Nov 1883

4. Place of Birth, (Street and Number)

267 Light

5. Full Name of Mother,

Hella Ames

6. Mother's Maiden Name,

Drumdon

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Charles Ames

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Va.

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster

Address,

57 Banner

Remarks,

SECTION 9. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under a license or certificate, shall keep a true and correct record of all births occurring in the City during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to cause the record to be made, and the same to be filed in the office of the Registrar of Vital Statistics, within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 96

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov. 25. 83

4. Place of Birth, (Street and Number) East Hester 415

5. Full Name of Mother, Hette Busch

6. Mother's Maiden Name, Miriam

7. Mother's Birthplace, Balt.

8. Full Name of Father, Julius Busch

9. Father's Occupation, Polisher

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. L. Busch

Address, W. L. Busch No. 41

Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 67678

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) w
3. Date of Birth November 25 1893
4. Place of Birth, (Street and Number) 15 Courtland St
5. Full Name of Mother Mary Henkus
6. Mother's Maiden Name Mary Granger
7. Mother's Birthplace Balti
8. Full Name of Father Henry Henkus
9. Father's Occupation Machinist
10. Father's Birthplace Germany
- Name of Medical Attendant, or other person who makes this return. J H Patterson M D
- Address 15 Franklin St
- Remarks _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 25, 1893

4. Place of Birth, (Street and Number)

136 Battery Ave

5. Full Name of Mother,

Sarah E. Eckert

6. Mother's Maiden Name,

Thornton

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Robert Eckert

9. Father's Occupation,

Brushmaker

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this return.

Robert S. Rowe, M.D.

Address,

339 Light St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall, at least seven days before the birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth, as far as the same may be ascertained, the date, hour, day, month, and year of the birth, the sex, color, the full name and occupation of its parents, the child if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the date of its birth, the date of its delivery, and the date of its registration, and shall also certify, between the first and second entries, whether the child was born alive or dead, and whether the birth of any child shall occur without the attendance of a physician, and whether the mother was attended by any other person, be it in a case where the mother immediately thereafter, in the manner, and to the extent, and to the satisfaction of the Commissioner of Health, shall then recover, or any person or persons who shall hereafter fail to comply with the provisions and regulations subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *25 Novem ber*

4. Place of Birth, (Street and Number) *36 Josephine Street*

5. Full Name of Mother, *Georgiana Johnson.*

6. Mother's Maiden Name, *Georgiana Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Johnson.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, (or other Person who makes this Return) *Mary Thompson.*

Address, *28 Josephine Street*

Remarks, *---*

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Section 6. And he it further enacted and established, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled up by the midwife or other person practicing midwifery, and shall be in the form of a piece of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the certificate is not delivered within the time specified, the practitioner shall be liable to a fine of not more than five dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight 8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 25th

4. Place of Birth, (Street and Number)

101. S. Poppleton st

5. Full Name of Mother,

Henretta Knell

6. Mother's Maiden Name,

Ruudger

7. Mother's Birthplace,

Hessen Kessel Germany

8. Full Name of Father,

George Knell

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

Balt City

Name of Medical Attendant,

or other Person who makes this Return

Max Drummer

Address,

60 West Throoder st

Remarks,

O.R

67702
Baltimore City

Baltimore City

31

- Male.
White.
Born on 25th
No 47 Crawford St
Cincinnati
" Mettenger
Baltimore
John H. Harves
Police
Balt.

JOHN E. MEYER & CO., CITY PRINTERS, AND STATIONERS.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17704

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 20 1882

4. Place of Birth, (Street and Number) We know St. 27

5. Full Name of Mother, Margret Green

6. Mother's Maiden Name, Margret Green

7. Mother's Birthplace, Saint Mary Co md

8. Full Name of Father, Sam Green

9. Father's Occupation, Farmer

10. Father's Birthplace, Saint Mary Co md

Name of Medical Attendant, Health Officer
or other Person who makes this Return

Address, not known at present

Remarks, the child is good and can be expected

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank book which he shall keep under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the sign and seal shall be delivered, duly signed by the midwife, in the presence of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 25. 1883

4. Place of Birth, (Street and Number) 100 Robert St

5. Full Name of Mother, Mary King

6. Mother's Maiden Name, Mary Pace

7. Mother's Birthplace, Virginia

8. Full Name of Father, Richard King

9. Father's Occupation, Watchman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Wm E. Etzel

Address, No 13 Cuba St

Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 25, 1883.*
4. Place of Birth (Street and Number) *669 Lexington St.*
5. Full Name of Mother *Mary A. Jones.*
6. Mother's Maiden Name *Mary A. Bezzelt.*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *Frank B. Jones.*
9. Father's Occupation *Shoe Cutter.*
10. Father's Birthplace *Baltimore.*
Name of Medical Attendant, or other Person who makes this Return. *John H. Pennington M.D.*
Address *137 N. Carrollton Ave.*
Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67707

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 of November 1893

4. Place of Birth, (Street and Number)

1231 East Eager Street

5. Full Name of Mother,

Sarah Bishley Marsh

6. Mother's Maiden Name,

Sarah Bishley

7. Mother's Birthplace,

Howard County Md.

8. Full Name of Father,

Wesley Marsh

9. Father's Occupation,

Railroading

10. Father's Birthplace,

Baltimore County Md.

Name of Medical Attendant,

or other Person who
makes this Return

Miss Christina Lauer

Address,

173 North St.

Remarks,

Baltimore Md.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2d
Male

white

25th December 1883.

127 N. Front St.

Katharina Schuchardt.

Katharina Wille.

Gba. Hesson Germany.

Henry Schuchardt.

Machinist

Gba. Hesson Germany.

Mrs. Mammel Midwife

428 Paratoga St. Balto.

SECTION 8.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, and every person who shall deliver a child, or who shall assist in the delivery of a child, or who shall attend upon a woman during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this Return, address, and the date of birth, and the full name of the child, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 25-1883

4. Place of Birth, (Street and Number)

326 Hamburg St.

5. Full Name of Mother,

Lena Dieckman

6. Mother's Maiden Name,

Doubert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Dieckman

9. Father's Occupation,

Porter

10. Father's Birthplace,

Prensen

Name of Medical Attendant,

or other Person who makes this Return

Wm. Hook

Address,

328

J. Ertow St.

Remarks:

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2nd)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

Nov 23rd 1883

4. Place of Birth, (Street and Number)

307 Harford Ave

5. Full Name of Mother.

Christine Hammond

6. Mother's Maiden Name,

" Hers

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Hammond

9. Father's Occupation,

Plumber

10. Father's Birthplace.

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Regina A. Wink

Address,

186 Harford Ave

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *14 Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 20th 1883*
4. Place of Birth (Street and Number) *Baltimore Bond Street near Chen*
5. Full Name of Mother *Susie Huber*
6. Mother's Maiden Name *Annie Barryman*
7. Mother's Birthplace *Balti Co*
8. Full Name of Father *Fritz Huber*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Westerberg Germany*
Name of Medical Attendant, or other Person who makes this Return. *Catherine Bedford*
Address *141 Orleans St.*
Remarks

11
17712

Abstract—The purpose of this study was to determine the effect of a 10-week training program on the physical fitness of 10-year-old children. The study was conducted in a primary school in the city of Ankara, Turkey. The children were divided into two groups: a control group and an experimental group. The experimental group participated in a 10-week training program that included aerobic, strength, and flexibility exercises. Physical fitness was measured using a series of tests, including a 1000-meter run, a 1-minute sit-up test, a 1-minute plank test, and a 1-minute curl-up test. The results showed that the experimental group had significantly higher scores than the control group in all four tests. The findings suggest that a 10-week training program can improve the physical fitness of 10-year-old children.

Remarks: all 11 Lyndal Court

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth Nov. 25. 1883.
4. Place of Birth, (Street and Number) 209 William St.
5. Full Name of Mother Margaret H. Dickstein
6. Mother's Maiden Name Frank
7. Mother's Birthplace Jessy. N. Y.
8. Full Name of Father Henry L. Dickstein
9. Father's Occupation Copier
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Annie Leonard
- Address 634 Light St.
- Remarks _____

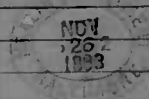
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67714

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov. 25/83.
4. Place of Birth, (Street and Number) 40 S. Button St.
5. Full Name of Mother Anna J. Light
6. Mother's Maiden Name Campbell
7. Mother's Birthplace Lehigh Co., Pa.
8. Full Name of Father Rev. John Light
9. Father's Occupation clergyman
10. Father's Birthplace Lebanon Pa.
- Name of Medical Attendant, or other Person who makes this Return. H. B. Butterhoff, M.D.
- Address 205 W. Biddle St.
- Remarks _____



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~Dec 26~~ Nov. 26, '83

4. Place of Birth, (Street and Number)

444 E. Chase St

5. Full Name of Mother,

Eliza Keeling

6. Mother's Maiden Name,

Slipsho

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Keeling

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Virginia

Name of Medical Attendant, or other Person who makes this Return

Dr. B. Billingsley

Address,

254 E. Proctor St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a book, to be approved and examined by the Board of Health, in which he shall enter a list of the births which have occurred under his or her care during the month, and shall set forth, as far as this section can be ascertained, the full name of each child at the place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 677/6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth. Nov. 26, 1883

4. Place of Birth, (Street and Number) 87 Union St

5. Full Name of Mother, Sarah Bunker

6. Mother's Maiden Name, Sarah Reid

7. Mother's Birthplace, Virginia

8. Full Name of Father, Isaac Bunker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Libert County

Name of Medical Attendant, or other Person who makes this Return Lucinda Woodford

Address. 136 Regester St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

101
120
1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Apr 26 1883*

4. Place of Birth, (Street and Number) *Burgunday Alley No 88*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Louisa Roberson*

7. Mother's Birthplace, *Bull Run Virginia*

8. Full Name of Father, *Not known*

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, *Deborah Thomas*
or other Person who makes this Return

Address, *71 Burgunday Alley*

Remarks, _____

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Eight
Female

24th Avenue, Calver
Cider Alley 134

24th Avenue

Bessie Goodman

Bessie Gold

St. Mary's Co.

John Wesley Council

Civilian

Baltimore

Mrs. G. W.

128 S. Lexington

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

9th
Male

White

Nov 26th 83.

Clinton Av + Chestnut St

Elizabeth Hammond
Smith

Baltimore Md
J. M. Hammond
Grocer

Letty N Upc

A. Nelson M D

Baltimore & Calhoun St

This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by the midwife or other person in charge of the birth, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and deaths of illegitimate children, and any other person be in default, the said Board of Health, or any one of its members, shall have the right to sue for and recover a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 19 November

4. Place of Birth, (Street and Number) 26 Lloyd

5. Full Name of Mother, Harriet Kinesse

6. Mother's Maiden Name, Kaiser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kinesse

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 S. Lombard street

Remarks,

Section 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall forward the same to the Registrar of Vital Statistics, to be filed in the office of the Registrar, during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar, and the said schedule shall be retained by the Registrar, and shall be subject to the inspection of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, should in other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar, in the manner, and at the time, and place, and under the penalty, provided in and by the Act, in that behalf made, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 November

4. Place of Birth, (Street and Number) 15 Orleans

5. Full Name of Mother, Mary H. Emerson

6. Mother's Maiden Name, Bennett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Emerson

9. Father's Occupation, Boatman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard Street

Remarks,

[illegible][illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex. (state whether male or female)

2. *Rare or Color.* (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 26 - 1883*

4. Place of Birth, (Street and Number) *265 George St*

5. Full Name of Mother, *Mrs Hatty Hanson*

6. Mother's Maiden Name, *Miss Hatty Crasey*

7. Mother's Birthplace, *Southern Co. Md*

8. Full Name of Father, *Wm H. Hanson*

9. Father's Occupation, *Conductor B & O RR*

10. Father's Birthplace, *Ba City, Md*

Name of Medical Attendant, *T. Chew, Worthington Md*
or other Person who makes this Return.

Address, *No. 373 W. Fayette St*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC 11 1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 Nov 1893
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Christina Kogler
6. Mother's Maiden Name, Magyrt Schuster
7. Mother's Birthplace, Germany
8. Full Name of Father, Walter Kogler
9. Father's Occupation, Business
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Walter Kogler
- Address, Chesapeake Hotel
- Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and ordained, That every person practising midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file and forward the same to the said Commissioner, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in two forms, one to be retained by the said Commissioner, and the other to be retained by the practitioner, or of a practitioner of midwifery, or a certified nurse, upon the first presentation of the said schedule, without the attendance of a physician, or of a practitioner of midwifery, or a certified nurse, to the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above provided, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are so recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 26 June

4. Place of Birth, (Street and Number) 89 Miller St

5. Full Name of Mother, Lena Cohen

6. Mother's Maiden Name, Ephraim

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa M. M. M.

Address,

48 Holland St

Remarks,

Baltimore

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 26 1893

4. Place of Birth, (Street and Number)

115 Gay St. Ar.

5. Full Name of Mother,

Jessie Gordon

6. Mother's Maiden Name,

Jessie Parker

7. Mother's Birthplace,

West Va.

8. Full Name of Father,

G. T. Gordon

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson M.D.

Address,

25 1/2 Evermill St.

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 Nov 1883

4. Place of Birth, (Street and Number)

44 Benuy St.

5. Full Name of Mother,

Mary

6. Mother's Maiden Name,

Edwood

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Selwith

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

E. Williams M.D.

Address,

53 E. Wood St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Nov. 26th 1883

4. Place of Birth, (Street and Number)

22 + Hamburg St

5. Full Name of Mother.

Annie Weigel

6. Mother's Maiden Name.

Blacklein

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John Weigel

9. Father's Occupation.

Blacksmith

10. Father's Birthplace.

Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. Combel M.D.

Address,

170 N. Sharp St.

Remarks.

Record of Vital Statistics in the City of Baltimore.

SECTION 9. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person who shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on the schedule provided for that purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under the or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if male, and the name of the father, and the occupation of the parents, the day and place of its birth, and the said schedule shall be delivered duly filled up, and accompanied by a certificate, between the first and third day of each and every month, to the Board of Health. In case the midwife or person who shall hereafter take place, shall neglect to deliver the same, or shall deliver the same without the attendance of a physician, or of a practitioner of midwifery, or shall deliver the same without the attendance of a physician, or of a practitioner of midwifery, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, and to file the same within the period above required, except in the cases of the births and deaths of illegitimate children, and in any case in which the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17732

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 26th 1883*
4. Place of Birth, (Street and Number) *389 Canton ave*
5. Full Name of Mother, *Caroline Matilda Damm*
6. Mother's Maiden Name, *Raese*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Fredrick Damm*
9. Father's Occupation, *Car Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks, _____

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

40013 E. 11TH & 13TH CHRISTIES AND STATIONERS

Part III. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a book or books, in which he shall enter, in full and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the date of its birth, and the date of its delivery, and the date of its registration in the book of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or if the parent or parents of such child shall neglect to report its birth to the Board of Health in the manner and within the period herein required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27th of November 1853*

4. Place of Birth, (Street and Number) *100 North E. Hill Street*

5. Full Name of Mother, *Mary A. Patch*

6. Mother's Maiden Name, *Mary A. Terry*

7. Mother's Birthplace, *Alexander Virginia*

8. Full Name of Father, *Robert L. Terry*

9. Father's Occupation, *X Farmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Carolina Kunkel*

Address, *71 North Chapel Street*

Remarks, *Healthy*

Section 6.—And be it further enacted and adjudged: That every person practicing midwifery in the City of Baltimore, under whose diploma or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter on the same on a blank schedule to be furnished by the Commissioner of Health, the following particulars: To-wit: The name of the mother, her age, her color, her condition during the month, and shall set forth, as far as the same can be ascertained, the full name of each child; the name of the father, the sex, color, the full name and occupation of the parents, the day and hour of the birth of each child, the name of the physician, the name of the midwife, the name of the hospital, and certificate, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the name of the parent or parents of such child to present the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of still-born children, and in the case of children born dead, or of children born alive and subsequently dying. Three of said registers, duly filled up, shall be presented to the Board of Health, and the same shall be preserved as other laws and penalties are made applicable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 November
4. Place of Birth, (Street and Number) 250 North Bond St.
5. Full Name of Mother, Jeanne Blum
6. Mother's Maiden Name, Kraft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Blum
9. Father's Occupation, Tailor
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

or other Person who
makes this Return

AUGUST B. FOSTER, JR., CITY ENGINEER, HAS AND PATENTED:

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

~~Female~~ ^{2nd}
female
DEC 7 1883

Mulatto

Nov. 27, 1883

151 Low

Alma Garden

"
Ball-

Solomon Garden

Lib-

Ball

D. Smith M.D.

14 S. 2d St. No. 21

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6/7/38

**To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.**

DEC
7
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Nov 27th 1883*

4. Place of Birth (Street and Number) *# 462 East Monument St*

5. Full Name of Mother *Barrie V Lyzhe*

6. Mother's Maiden Name *" " " " "*

7. Mother's Birthplace *Charles Co. Md*

8. Full Name of Father *Christian Lyzhe*

9. Father's Occupation *Sailor*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *H. E. Hooks M.D.*

Address *241 E Baltimore St*

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6-7739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. November 27, 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 27th 1883.

4. Place of Birth, (Street and Number) 56 Lancaster St.

5. Full Name of Mother, Lizzie Roberts

6. Mother's Maiden Name, Lizzie Reinigle

7. Mother's Birthplace, America

8. Full Name of Father, Charles Roberts

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, No. 137 S. Wolfe St

Remarks, [Signature]

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished for the Commission of the City of Baltimore, and shall not fail to send the same to the Commission of the City of Baltimore, during the month, and at the end of each month, as far as the same can be ascertained, the full name and sex of the child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the parent or parents of such child, and to the physician, or of a practitioner of midwifery, should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and on the persons, who shall hereafter fall to comply with the provisions of this section, and subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *27 November*

4. Place of Birth, (Street and Number) *52 Granbery*

5. Full Name of Mother, *Elise Bone*

6. Mother's Maiden Name, *Schmidt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. Bone*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address, *72 E. Lombard street*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 27th 1883

4. Place of Birth, (Street and Number)

Cor S Paca & West Sts

5. Full Name of Mother,

Louisa Seabree

6. Mother's Maiden Name,

Louisa Wise

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rich^d Seabree

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Geo R Graham, M.D.

Address,

136 Columbia Ave

Remarks,

Record of Vital Statistics in the City of Baltimore

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the "Commissioner of Health," and shall file the same in the office of the "Commissioner of Health," at the City Hall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of every name that has been conferred, the sex, color, the full name and occupation of the parents, the day and month of birth, the time of day, the place of birth, the name of the midwife, and the name of the physician, and shall certify, between the lines, and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the name of the parent or parents of such child, to be inserted in the birth and death registers, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in such cases the name of the mother shall be inserted in the birth and death registers, in the manner, and within the period above required, to be recovered as other laws and penalties are applicable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth has taken place, shall be bound to file and cause to be entered in the office of the Registrar of Vital Statistics, a birth record, which shall be furnished by the Registrar, and which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child or children, the sex, color, the full name of the mother, the name of the father, the place of birth, and the date of birth, and the day of the month, and the year, and the name of the physician, or of a practitioner of midwifery, the name of the medical attendant, and the name of the person who makes the return, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth. *Nov 27 of 1883*

4. Place of Birth, (Street and Number) *No. 12 Little Church St*

5. Full Name of Mother, *Mary Stickle*

6. Mother's Maiden Name, *Perkins*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Frederick Stickle*

9. Father's Occupation, *Black*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *J. Schragesser midwife*

Address, *391 Thimble St*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

573
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 27

4. Place of Birth, (Street and Number)

706 corner Biddle and Penna ave

5. Full Name of Mother,

Francis Hammond

6. Mother's Maiden Name,

7. Mother's Birthplace,

Fredricksburg Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sarah L. Smithers

Address,

101 O'Neale St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 29 1883

4. Place of Birth, (Street and Number) Randal st No 114

5. Full Name of Mother, Elin Holman

6. Mother's Maiden Name, Elin Murphy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Holman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Harry E. Anderson

Address, No 10 Rlys st

Remarks,

Extract, Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or attendance a birth shall hereafter take place, shall keep a true and correct record of such births, and enter the same in a blank schedule to be furnished by the Commissioner of Health, and shall retain the same until called for by the said Commissioner, and shall deliver the same to him during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place where it was delivered, duly signed by the practitioner, in the form of a certificate, between the first and third of each month, and shall also keep a true and correct record of the birth of any child which shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent of such child to report its birth to the Board of Health, in the manner, and within the period above specified, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether *N*, *N*, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Nov. 28. 83

S. Wolfstr No 64

Borborer Emmert

Beck

Bult.

Trinity Emmert

Borborer

Borborer

Wm. Joh. Rausbach

S. Wolfstr No 64

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 6/7/49

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) Black
 3. Date of Birth 28th of November, 1853.
 4. Place of Birth, (Street and Number) #96 Ralorg St.
 5. Full Name of Mother Elizabeth Williams
 6. Mother's Maiden Name Elizabeth Gibbs
 7. Mother's Birthplace Boston, Maryland.
 8. Full Name of Father William Williams
 9. Father's Occupation Labourer
 10. Father's Birthplace Richmond Va.
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ellen Walcott
 Address #113 Ralorg St. Baltimore Md.
 Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

RETURN OF A BIRTH, 17750

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth November 28th 1853.
4. Place of Birth, (Street and Number) 634 Light St.
5. Full Name of Mother Lydia A. Squires.
6. Mother's Maiden Name Pete.
7. Mother's Birthplace Id.
8. Full Name of Father John Squires.
9. Father's Occupation Sgt. Co. 1st Regt.
10. Father's Birthplace Id.
- Name of Medical Attendant, or other Person who makes this Return. Amos E. Green.
- Address 634 Light St.
- Remarks _____

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on the Power of Health. This schedule shall contain a list of the persons who were present at the birth, and shall also contain the full name of each child at the time of its birth, the date of its birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the seal aforesaid shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of the month in which the child was born, to the nearest clerk of the Board of Health, or to a physician, or to a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period herein provided, and the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 November 1885

4. Place of Birth, (Street and Number) Hubert Street

5. Full Name of Mother, Matilda Baker

6. Mother's Maiden Name, Matilda Korte

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Baker

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Etzel

Address, No 19 Cuba St

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/7/52

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Nov 28th 83

4. Place of Birth, (Street and Number)

512 Stockholm

5. Full Name of Mother,

Lizzie Hamilton

6. Mother's Maiden Name,

Matthews

7. Mother's Birthplace,

Balto Co Md.

8. Full Name of Father,

Benjamin Hamilton

9. Father's Occupation,

Labour - Anne Arundel Co Md

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. Nelson M.D.

Address,

Balto + Calhoun Sts

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67753

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 Nov 1883
4. Place of Birth, (Street and Number) Belair W
5. Full Name of Mother, Louie Berkman
6. Mother's Maiden Name, Louie Berkman
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Berkman
9. Father's Occupation, Copper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mid. Board
- Address, Belair St near Baltimore
- Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births occurring in the City of Baltimore, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth occurred. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the name and place of abode of the mother at the time of the birth. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Registrar of Vital Statistics, and to file with him a true and correct copy of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 of November*

4. Place of Birth, (Street and Number) *401 Canton (Ave)*

5. Full Name of Mother, *Caroline Röhren*

6. Mother's Maiden Name, *Hoffman*

7. Mother's Birthplace, *Stalsenau Hannover Germ.*

8. Full Name of Father, *John Röhren*

9. Father's Occupation, *Bergmacher*

10. Father's Birthplace, *Emden Hannover Germ.*

Name of Medical Attendant, or other Person who makes this Return *E. Behnken (Midwife)*

Address, *54 Essex St.*

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Comptroller of Health. This schedule shall contain a list of the persons who have been present under his or her charge at the birth, and shall be filled up by the midwife or other person who has been present at the birth, and shall be signed by the midwife or other person who has been present at the birth, and shall be filed in the office of the Comptroller of Health. The full name and occupation of the parents, the day and place of its birth, and the sex, color, the full name and occupation of the midwife, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and in case of still-born children, shall be neglected, or shall be evaded, the parent or parents shall be liable to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *John Henry Bader*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *November 18th. 1883*
4. Place of Birth, (Street and Number) *159 1/2 N. 1st St.*
5. Full Name of Mother. *Lizzie (Bretter) Bader*
6. Mother's Maiden Name. *Lizzie Miltner*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *Henry (Bader) Bader*
9. Father's Occupation. *La Broker*
10. Father's Birthplace. *Balto. County*

Name of Medical Attendant, or other Person who makes this Return. *W. V. Sutcliffe*
Address. *185 1/2 E. Centre Villamont St.*
Remarks. *All Well*

Record of Vital Statistics in the City of Baltimore.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January last, and shall be filled up by the practitioner, and shall be filed in the office of the Commissioner of Health. The said schedule shall be filled up by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner shall neglect to file the said schedule, he or she shall be liable to a fine of not more than ten dollars, and in default of payment thereof, to a term of not more than thirty days in the City Jail. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January last, and shall be filled up by the practitioner, and shall be filed in the office of the Commissioner of Health. The said schedule shall be filled up by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner shall neglect to file the said schedule, he or she shall be liable to a fine of not more than ten dollars, and in default of payment thereof, to a term of not more than thirty days in the City Jail. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January last, and shall be filled up by the practitioner, and shall be filed in the office of the Commissioner of Health. The said schedule shall be filled up by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner shall neglect to file the said schedule, he or she shall be liable to a fine of not more than ten dollars, and in default of payment thereof, to a term of not more than thirty days in the City Jail.

40 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November the 28

4. Place of Birth, (Street and Number) Baltimore. Ramsey St. No 63

5. Full Name of Mother, Margaret Elizabeth Jones

6. Mother's Maiden Name, Margaret Elizabeth Burns

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Franklin Jones

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Seabrook

Address, 439 W Pratt Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 day of Nov 1883

4. Place of Birth, (Street and Number)

Balto. 51 J King St

5. Full Name of Mother,

Ellen J McLaughlin

6. Mother's Maiden Name,

Ellen J Eaton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos F McLaughlin

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anna Johnson

Address,

94 Tyson St

Remarks,

Sound and Healthy

Balto. Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

67958

DEC
12
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov 28/83
4. Place of Birth (Street and Number) 28 Camden St
5. Full Name of Mother Maggie Barnes
6. Mother's Maiden Name M. Collins
7. Mother's Birthplace Ireland
8. Full Name of Father Chris Barnes
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis
- Address 162 Haverhill St
- Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

Female

11

28. November 1883

164. 8 Lombardstreet

Elisabeth Becher

Filed

America

Sohn, Baucher

Salover

Summit

or other Person who
makes this Return

Mrs. Louise Kraft

236 Canton Ave

JOHN E. FISK & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 57

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

or other Person who
makes this Return

Address.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, and whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 67750

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Novem. 28th 1883.
4. Place of Birth, (Street and Number) 634 Light St.
5. Full Name of Mother Lydia A. Squibb.
6. Mother's Maiden Name Pope.
7. Mother's Birthplace Mo.
8. Full Name of Father John. T. Smith.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Mo.
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. E. Smith.
- Address 634 Light St.
- Remarks _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67752

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2th
female
colored
Nov 28th 83
52 Stockholm
Lizzie Hamilton
" Matthews
Baltimore Md
Benjamin Hamilton
(Labour - Anne Anne & Co Md
A. Nelson 465
Baltimore & Calhoun Sts

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

677/13

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 Oct 1893
4. Place of Birth, (Street and Number) Belair W
5. Full Name of Mother, Leah Berkman
6. Mother's Maiden Name, Lynn Judge
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Berkman
9. Father's Occupation, Copper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Miss Brown
- Address, 1000 S. near Baltimore
- Remarks,

[illegible]

over

1771

Name of Child: John Henry Bader
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 27.

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, November 28th. 1883
 4. Place of Birth, (Street and Number) 159 N. Wolfe St.
Lizzie (Bettie) Baden
 5. Full Name of Mother,
Lizzie Miltner
 6. Mother's Maiden Name,
Ballinger
 7. Mother's Birthplace,
Henry (Baden) Baden
 8. Full Name of Father,
LaBrier
 9. Father's Occupation,
Balto. County
 10. Father's Birthplace,
M. A. Butt
 Name of Medical Attendant, or other Person who makes this Return
 Address, 185 E. 26th Street Yorkburnment St.
 Remarks, All Well

Record of Vital Statistics in the City of Baltimore.

[illegible]

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health,

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. *Date of Birth.*

November 2nd 8

4. *Place of Birth, (Street and Number)*

Bathurst. Ramsey Sk 1063

5. *Full Name of Mother.*

Margaret Elizabeth Jones

6. *Mother's Maiden Name.*

Margaret Elizabeth Burnes

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

William Franklin Jones

9. *Father's Occupation.*

Painter

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Seabrook

Address,

439 W Pratt Street

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 day of Nov 1883

4. Place of Birth, (Street and Number)

Balto. 51 J King St

5. Full Name of Mother,

Ellen J. McLaughlin

6. Mother's Maiden Name,

Ellen J. Coats

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos A McLaughlin

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Anna Johnson

Address,

84 Lyson St

Remarks,

Sound and Healthy

Balto Med

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

67758

DEC
12 1
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Nov 28/83*
4. Place of Birth (Street and Number) *28 Camden st*
5. Full Name of Mother *Maggie Burns*
6. Mother's Maiden Name *McCollum*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Chris Burns*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *C. A. Smith*
- Address *162 Haverhill st*
- Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

Female

11

28. November 1883

164. Lombardstreet

Elisabeth Becker

Helen

America

Sohn, Bucher

Salover

Summit

or other Person who
makes this Return

Mrs. Louise Kraft

236 Canton Ave

JAMES E. MEYER & CO., CITY PRINTERS AND STATIONERS.

Excerpt Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 November

4. Place of Birth, (Street and Number) 29 Pratt.

5. Full Name of Mother: Lizzie Schmidt

6. Mother's Maiden Name, Hoskin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schmidt

9. Father's Occupation, Grocer

10. *Father's Birthplace.* *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address. 72. C. Scumbard street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64761

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC 1
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 25 1893*
4. Place of Birth, (Street and Number) *Montgomery St. No. 155*
5. Full Name of Mother, *Elena W. Gates*
6. Mother's Maiden Name, *Elena W. Cottrell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas R. Gates*
9. Father's Occupation, *Ship Painter*
10. Father's Birthplace, *Norfolk Va*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Magnada A. Cottrell*
- Address, *No. 155 Montgomery St Baltimore*
- Remarks,

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person who shall deliver a child, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, the date of its birth, the place of birth, the full name of its mother, the mother's maiden name, the mother's birthplace, the full name of its father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes the return, the address, and the date of its birth. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or without the attendance of a person duly qualified to make the return, the person who shall deliver the child, or the parent or parents of such child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 177/62

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Kind*
1. Sex, (state whether male or female) *2 Bab.*
2. Race or Color, (if not of the white race) *W eig*
3. Date of Birth, *Ye born 28th November.*
4. Place of Birth, (Street and Number) *No 35 Langerstr. Str.*
5. Full Name of Mother, *Anna Babes*
6. Mother's Maiden Name, *Anna Krauss*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Friedrich Babes*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *No 202 S. Dallas Str*
- Remarks, *Wohanne*

17963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

Yr. obed. Servant

Backen

1891

Geboren den 28ten September

132. S. Dallas St.

Amos Gray

Anna Hubert

Bullfinch

Lebanon Green

Handwritten: *Handwritten*

Baltimore

Friederike Kaufmann

Medical Attendant, makes this Return

S. 203. S. D. Hoar M.

Hebammen

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

— Mrs. Bird

B. 6.

Heinrich

Geboren den 28^{ten} September

133. Carboin St.

Case No.

Cato Rippe

Baltimore

March 8, 1891

Handarbeiter

Baltimore

or other Person who makes this Return *Friederike Kaufmann*

L. Fuller M.

Flamm.

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be filled under his or her own hand and seal, and shall retain the same until the birth of the child shall be ascertained, and then forward the same to the clerk of the Board of Health, to be filed in the office of the clerk, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of the mother, the name of the person attending the birth, the date and hour of birth, the date and hour of delivery, the name of the physician, or of a practitioner of medicine, who attended the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, the name of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the case of the births and deaths of placemats, stillborn, and every term of ten dollars for each case, to be recovered as other fines and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This said schedule shall be filled out by the midwife, and shall be returned to the Commissioner of Health, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day of its birth, and it shall be delivered, duly signed by the practitioner, in the form of a certificate, bearing the first and last names of the practitioner, and the date of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner to report the birth to the Board of Health, in the manner, and within the time, and under the penalty, provided in this regard, and the same shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

~~Female~~ Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 28th 1883.

4. Place of Birth, (Street and Number)

15 George St.

5. Full Name of Mother,

Louisa E. Voneiff

6. Mother's Maiden Name,

Knefel

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Charles J. Voneiff

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Wm. David Johnson

Address,

228 E. Saratoga Baltimore

Remarks,

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a book or books, in which he or she shall enter a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the date of its birth, and the place of its birth, and the date of its death, if it dies within the certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, he or she shall be and he is hereby required to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (2d)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 28th 1883
4. Place of Birth, (Street and Number) 60 123 N. Wolfe Street
5. Full Name of Mother, Mrs. Sarah Ella Paulkner
6. Mother's Maiden Name, Mrs. Sarah Ella Jefferson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Eldridge Rhodes Paulkner
9. Father's Occupation, Salesman
10. Father's Birthplace, Easton, Maryland
- Name of Medical Attendant, or other Person who makes this Return Wm. V. Henderson M.D.
- Address, 60 102 N. Broadway
- Remarks,

Direct Record of Vital Statistics for the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

67778

DEC
3
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third (3^d)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November 20 - 1883*
4. Place of Birth (Street and Number) *732 Pennsylvania Ave*
5. Full Name of Mother *Laura Wolf*
6. Mother's Maiden Name *" Bateman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thos F. Wolf*
9. Father's Occupation *Hostler*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *G. Hawcutt, M.D.*
- Address *92 Mosher St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Nov. 28 - 83*

4. Place of Birth (Street and Number) *14 S. Chester*

5. Full Name of Mother *Ida Smullen*

6. Mother's Maiden Name *Ida Easton*

7. Mother's Birthplace *Somerset Co. Md.*

8. Full Name of Father *Robert Smullen*

9. Father's Occupation *Mariner*

10. Father's Birthplace *Somerset Co. Md.*

Name of Medical Attendant, or other Person who makes this return *Dr. Geo. Dausch*

Address *325 E. Baltimore St.*

Remarks

SECTION G.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall occur in the City of Baltimore during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, its date of birth, the name of its mother, the name of its father, the name of its physician, or other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person who shall be in attendance upon the mother, to sign the same, and to forward the same to the Commissioner of Health, within the period always required, except in the cases of the birth and death of a child, in which case the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 28th 1885

4. Place of Birth, (Street and Number)

143 Clinton St.

5. Full Name of Mother,

Annie Siers.

6. Mother's Maiden Name,

Kaufmann.

7. Mother's Birthplace,

County, Pa.

8. Full Name of Father,

James Siers.

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant,

or other Person who makes this Return

Dr. Wiley.

Address,

12 Patterson Park Ave.

Remarks,

SECTION 9.—And to it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, and every person who shall enter the same on a blank schedule to be furnished by the Commissioner of Health, shall keep a true and correct record of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, and any mark or sign which may be observed on the child, and the date of the birth, and the date of the delivery, and the name of the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be present at the birth of a child, and such child be born in the City of Baltimore, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22d of Nov. 1891

4. Place of Birth, (Street and Number) 87 N. Eder street

5. Full Name of Mother, Mary Ann Moffitt

6. Mother's Maiden Name, Moffitt

7. Mother's Birthplace, W. Va. Bridge

8. Full Name of Father, John A. Whitlock

9. Father's Occupation, Picker

10. Father's Birthplace, Virginia

Name of Medical Attendant, (or other Person who makes this Return) Mrs. M. E. Hurley

Address, 97 N. Eder street

Remarks,

SECTION 8.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be and is hereby made an exact register of said birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall retain a list of the births which have occurred under his or her care during the month, and shall set forth the name of the mother, the name of the child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of said child, and the first said child age of each and every month to the Board of Health. In case the practitioner of midwifery shall neglect or refuse to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 27th 1882*

4. Place of Birth, (Street and Number) *1119 Valley street.*

5. Full Name of Mother, *Lizzie Heber Kern.*

6. Mother's Maiden Name, *Lizzie Schreiber*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *John H. Heber Kern.*

9. Father's Occupation, *Farmer.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Rene Hillegeist*

Address, *182 East Monument street*

Remarks, _____

DEC
13
1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Nov. 29th 1883.
4. Place of Birth, (Street and Number) Cor. Harwood and Joseph.
5. Full Name of Mother Mary Sachs.
6. Mother's Maiden Name Sachsbrodt.
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Ego. Sachs.
9. Father's Occupation Laborer, man.
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other person who makes this Return. Annie G. Smith.
- Address 634 Light St.
- Remarks _____

SECTION 6.—And he is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall file a true and correct copy of the birth certificate, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the parent or parents of such child shall be bound to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 29th 1883

4. Place of Birth, (Street and Number)

158 East 11-

5. Full Name of Mother,

Maggie Catherine Henson

6. Mother's Maiden Name,

Maggie Catherine Henson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

" " " "

9. Father's Occupation,

" " " "

10. Father's Birthplace,

" " " "

Name of Medical Attendant,

or other Person who makes this Return

Harriet Jackson

Address,

5 Forest St

Remarks,

Baltimore

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d ch
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth November 29 1883
4. Place of Birth, (Street and Number) No 158 N Calvert st
5. Full Name of Mother Catherine Garvey
6. Mother's Maiden Name Catherine Betzold
7. Mother's Birthplace Germany
8. Full Name of Father Peter Garvey
9. Father's Occupation Living statue
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. J Hutton M D
- Address _____
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

(3rd)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 29th 1883

4. Place of Birth (Street and Number)

#524 E Chase St

5. Full Name of Mother

Larah Nesbit

6. Mother's Maiden Name

Larah Reed

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Edwin St. Neath

9. Father's Occupation

Capt. Dealer

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

James E. Whitford

Address

195 Acaplane St

Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAMES B. FOSTER, JR., CITY ENGINEER AND STATIONER.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *1/2 White*

3. Date of Birth. 29th December 1883.

4. Place of Birth. (Street and Number) 14 Lancaster Street

5. Full Name of Mother, Karoline Fiedershausen

6. Mother's Maiden Name, Kasatins Tieous

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles H. Washburne

9. Father's Occupation, *Seamucker*

10. *Father's Birthplace,* *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *13 Lancaster Street*

Remarks: *1124*

COPYED RECORDS OF VITAL STATISTICS IS THE CITY OF BALTIMORE.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Birth

Male

White

Nov 29" 1883

67 St Peter St

Josephine Mesick

Josephine Hughes

Maryland

John W Mesick

Clerk

Maryland

Geo R Chaham, Jr

136 Columbia Ave

SECTION 9.—And he or she who is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of a black scholar to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up in the following manner:—In the first column, the name of the child, and in the second, the name of any name shall have been conferred. In the third column, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the certificate is not delivered within the said period, the practitioner shall be liable to a fine of ten dollars, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in such cases the duty shall be on the father and mother, and in case of illegitimate children, the father and mother, to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Rmch*

1. Sex, (state whether male or female) *Boo*

2. Race or Color, (if not of the white race) *Wieg*

3. Date of Birth, *geboren den 29ten November*

4. Place of Birth, (Street and Number) *N^o 456 Canton St*

5. Full Name of Mother, *Friederike Thenners*

6. Mother's Maiden Name, *Friederike Wildg*

7. Mother's Birthplace, *Deutschland*

8. Full Name of Father, *Johann Thenners*

9. Father's Occupation, *Händlerleiter*

10. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

Address, *N^o 202 S. Dallas St*

Remarks, *Hebammen*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

677821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(2) second

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 29 - 1883

4. Place of Birth, (Street and Number)

54 Bridgely st.

5. Full Name of Mother,

Alma H. Wurst

6. Mother's Maiden Name,

Alma H. Bruckner

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Martin Wurst

9. Father's Occupation,

Jeweler

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Harigunda Schliker

Address,

28 Columbia st.

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAMES E. MITCHELL, CITY CHIEF OF POLICE AND STATISTICS

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 67787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Born 29 Mar 1883. DE: 83

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth,

4. Place of Birth, (Street and Number) 261 Forrest Street.

5. Full Name of Mother, Margaret Rechiell.

6. Mother's Maiden Name, Doane.

7. Mother's Birthplace, Ireland

8. Full Name of Father, Frank Rechiell.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Woodcock.

Address, 120 Greenmount Avenue.

Remarks,

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

67788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 29th 83

4. Place of Birth, (Street and Number)

180 Druid Hill Ave

5. Full Name of Mother,

Sarah Perkins

6. Mother's Maiden Name,

Sarah Meakin

7. Mother's Birthplace,

Med

8. Full Name of Father,

Edward H Perkins

9. Father's Occupation,

Printer

10. Father's Birthplace,

Med

Name of Medical Attendant,

or other Person who
makes this Return

J. Miller M.D.

Address,

188 Franklin St.

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Nov 29 1883

4. Place of Birth, (Street and Number) 169 Madras al

5. Full Name of Mother, Esther Bell

6. Mother's Maiden Name, Stump

7. Mother's Birthplace,

S. Full Name of Father, Anton Bell

9. Father's Occupation, *Laborer*

10. *Father's Birthplace*,..... *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. Mrs. Miller

Address, Knox Patterson Parkview

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

67796

D.C.
5
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Nov 30 1883*
4. Place of Birth (Street and Number) *138 N. Egleston St.*
5. Full Name of Mother *Emma Parlett.*
6. Mother's Maiden Name *Birch.*
7. Mother's Birthplace *Washington D. C.*
8. Full Name of Father *Thomas A Parlett.*
9. Father's Occupation *Milk Business.*
10. Father's Birthplace *This City.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. E. J. May
192 Broadway

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 30th / 1883

4. Place of Birth, (Street and Number) Belair Road

5. Full Name of Mother, Winnie Overhardt

6. Mother's Maiden Name, Winnie Kuth

7. Mother's Birthplace, Germany

8. Full Name of Father, John Overhardt

9. Father's Occupation, Bier Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, ~~Dr. J. B. Smith~~ Dr. J. B. Smith or other Person who makes this Return

Address, 185 Central av Kilmorriston St

Remarks, All Well

"That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67792

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child
- Sex, (state whether male or female) Male
 - Race or Color, (if not of the white race) White
 - Date of Birth, November 30th 1883
 - Place of Birth, (Street and Number) Goulds Lane No 12
 - Full Name of Mother, Emaline ~~oneal~~ oneal
 - Mother's Maiden Name, Emaline ~~oneal~~ Jeff
 - Mother's Birthplace, Baltimore
 - Full Name of Father, Peter oneal
 - Father's Occupation, Labourer
 - Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No 10 8th St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

mar 30 18.83

4. Place of Birth, (Street and Number)

north spring st 1-19

5. Full Name of Mother,

Mary Brown

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joshua Brown

9. Father's Occupation,

Idale Doe

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Samuel Denton

Address,

north Charles st 1-22

Remarks,

SECTION 6.—And he is further enacted and established, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence any birth shall be taken, shall, at or before the birth of such child, enter the name of such child, the name of the mother, the name of the practitioner, the sex, color, the full name and birthplace of the mother, the date of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the mother of a child shall be a practitioner of midwifery, or shall be a practitioner of medicine, and shall be duly licensed by the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and should no other person be in attendance upon the mother, immediately thereafter, and in addition to the fee provided for in this section, shall pay an other fine and penalty as are hereinafter provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *30th Nov.*

4. Place of Birth, (Street and Number) *333 Eastern Ave.*

5. Full Name of Mother, *Mary Malenfield.*

6. Mother's Maiden Name, *Raatley.*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Friedrich Malenfield.*

9. Father's Occupation, *Labor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *M^{rs} Wiley.*

Address, *12 Patterson Park Ave.*

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *December 30th 1888*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *December 30th*
4. Place of Birth, (Street and Number) *527 Myrtle Street*
5. Full Name of Mother, *Jenny West*
6. Mother's Maiden Name, *Jenny Wilson*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William West*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Philadelphia*
Name of Medical Attendant, or other Person who makes this Return *M^{rs} Hannah A. Gleason*
Address, *314 Myrtle St Baltimore*
Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67798

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

3. 1081

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov 3rd
 4. Place of Birth, (Street and Number) No 230 W. Ave. N
 5. Full Name of Mother, Mathie Henderson
 6. Mother's Maiden Name, " Duman
 7. Mother's Birthplace, Philadelphia
 8. Full Name of Father, Frank Henderson
 9. Father's Occupation, Glassblower
 10. Father's Birthplace, Key Bury
 Name of Medical Attendant, or other Person who makes this Return J. C. Burk M.D.
 Address, 151 Hanover St
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 30th

4. Place of Birth, (Street and Number)

36 Covington St
Leanie Thomas

5. Full Name of Mother,

" Robbins

6. Mother's Maiden Name,

City

7. Mother's Birthplace,

Sam'l Thomas

8. Full Name of Father,

Wateman

9. Father's Occupation,

City

10. Father's Birthplace,

J C Beach M D
151 Hanover St

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant,

Mrs Lydia Porter

Address.

Remarks.

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 67801

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth November 30 1883

4. Place of Birth, (Street and Number) 66 Weymouth St

5. Full Name of Mother Rachael Furstenburg

6. Mother's Maiden Name Rosenthal

7. Mother's Birthplace Baltimore

8. Full Name of Father Levi Furstenburg

9. Father's Occupation Iron Merchant

10. Father's Birthplace Poland Russian

Name of Medical Attendant, or other Person who makes this Return. Edmund M. Devlin

Address 54 Weymouth St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 30th 1883

4. Place of Birth (Street and Number) Cor Madison Alley + Mulliken St

5. Full Name of Mother Mary Falkenheim

6. Mother's Maiden Name Mary Eucharist

7. Mother's Birthplace Germany

8. Full Name of Father George Falkenheim

9. Father's Occupation Driver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Edmund M D

Address 234 N Carey St Baltimore

Remarks Ind

DEC
6
1883

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 4.—And he is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whatever name or appellation, shall keep a true and correct record of all the births which shall occur under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred, in its birth, either the full name and occupation of its parents, the day and month of its birth, the day and month of its baptism, and the day and month of its death, and the name of the physician, or of a practitioner of midwifery, or of any other person to in attendance upon the mother, immediately after the birth of the child, and shall certify, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, and shall, within the period above required, except in the cases of the births and deaths of illegitimate children, send any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

- 1 Sex, male No of child of mother 4.
- 2 Race or Color, Colored.
- 3 Date, November. 30, 1893.
- 4 Place of Birth, No 4 Thumel
- 5 Full Names of Mother, Mattie James
- 6 Mother's maiden name, Nellie Robinson
- 7 Mother's Birthplace, Baltimore
- 8 Full name of Father, Charles James
- 9 Father Occupation, Cyster shucker
- 10 Father Birthplace, Charleston
- Mattie James
- Abella Brooks.
- 210 Warner St.



67803

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *6/1/04*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female)

Male

2. Race or Color. (if not of the white race)

White

3. Date of Birth,

Nov the 30 1883

4. Place of Birth, (Street and Number)

Gilman St No 468

5. Full Name of Mother,

Georgy Womack

6. Mother's Maiden Name,

Georgy Allen

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

William Womack

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs S Kelly

Address,

No 197 Pratt St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female)

2 Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov the 30 1883

4. Place of Birth, (Street and Number)

McHenry st No 363

5. Full Name of Mother.

Liddy garden

6. Mother's Maiden Name,

Liddy Mintie

7. Mother's Birthplace,

Carroll Co. M D

8. Full Name of Father,

Dallas garden

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Carroll Co. M D

Name of Medical Attendant, or other Person who makes this Return

Mrs S Kelly

Address,

No 127 Pratt st

Remarks,

SECTION II.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, in and to which shall be entered the name of the mother, the name of the child, the date of its birth, the sex, color, the full name and occupation of its parents, the day and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth record, to the Board of Health, in the case of a birth occurring in the City of Baltimore, and to the Board of Health, in the case of a birth occurring in the County of Baltimore, and the said schedule shall be filed in the office of the Board of Health, in the case of a birth occurring in the City of Baltimore, and in the office of the Board of Health, in the case of a birth occurring in the County of Baltimore, and the said schedule shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) *5th Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *30th of November 1882.*

4. Place of Birth, (Street and Number) *337 East Urban St.*

5. Full Name of Mother, *Lissy P. Stoppel.*

6. Mother's Maiden Name, *Lissy P. Wilson.*

7. Mother's Birthplace, *Gettysburg county.*

8. Full Name of Father, *James B. Wilson.*

9. Father's Occupation, *Liberman.*

10. Father's Birthplace, *Sumner county.*

Name of Medical Attendant, or other Person who makes this Return *Brewster A. Kunkel.*

Address, *71 North Chapel St per Justina Kunkel.*

Remarks, *Healthy.*

SECTION 6.- And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of such birth, and shall enter the name of the father, the name of the mother, the date and place of the birth, the sex, the color, the full name and occupation of the parents, the day and hour of the birth, and the full name of the child, and shall also enter the name of the person or persons attending the birth, and shall also enter the name of the person or persons who shall hereafter fall in receipt of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 30th 1883

4. Place of Birth, (Street and Number)

103 Randall St.

5. Full Name of Mother,

Mary Missling

6. Mother's Maiden Name,

Schrock

7. Mother's Birthplace,

America

8. Full Name of Father,

Andrew Missling

9. Father's Occupation,

laborer

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schwaeser midwife

Address,

330 Hammond St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be furnished by the Commissioner of Health. This schedule shall contain a form of the birth certificate, which shall be filled out during the month. It shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, the name of the person who attended the birth, the name of the person who delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of the month, and the name of the person who attended the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report its birth to the Board of Health, in the manner, and within the period above required, and such child shall be subject to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1908

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 1st

4. Place of Birth, (Street and Number) 4270 Park Road St.

5. Full Name of Mother, Jane Plunk

6. Mother's Maiden Name, " Plunk

7. Mother's Birthplace, Balt.

8. Full Name of Father, Peter Rindler

9. Father's Occupation, Horse and sled factory

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, 4270 Granby St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7.

1. Sex, (state whether male or female)

(Twins)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 30 1893

4. Place of Birth, (Street and Number)

65 Boyd St

5. Full Name of Mother,

Ann Sullivan

6. Mother's Maiden Name,

M. E. Cant.

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Cornelius Sullivan

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

H. D. Spink

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

67810

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 30th of November

4. Place of Birth, (Street and Number) 1332 Caroline St

5. Full Name of Mother, Sara Chester

6. Mother's Maiden Name, Sara Grant

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas Chester

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 1/2 Caroline St

Remarks,

"That any physician, accouchear, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 30, 1883

4. Place of Birth, (Street and Number)

105 Lenvale St.

5. Full Name of Mother,

Victoria D. Horn

6. Mother's Maiden Name,

Dieter

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Ernest B. Horn

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return

W. P. Morgan M.D.

Address,

119 W. Monument St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January, and shall be filled up by the midwife or other person in whose charge or superintendence any name shall have been conferred; in sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner or other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period also prescribed, in the case of illegitimate births, and that in the case of illegitimate children, and in the case of still-born children, and in the case of any other subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 87512

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Cal.

3. Date of Birth, Nov 30 / 86

4. Place of Birth, (Street and Number) 166 So Bkld

5. Full Name of Mother, Marie Starkins

6. Mother's Maiden Name, Marie Pippin

7. Mother's Birthplace, Pa. Co. Md.

8. Full Name of Father, Jos. Starkins

9. Father's Occupation, Cook

10. Father's Birthplace, Pa. Co. Md.

Name of Medical Attendant, or other Person who makes this Return J. L. Minton

Address, 77 S. Brady.

Remarks,

Section 6. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be bound to deliver to the Registrar of Vital Statistics, a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been registered in the last preceding month, the date of its birth, the day and hour of its birth, the name of its parents, the day of its birth, between the first and third day of each and every month, in the month of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, and the name of the person to be in attendance upon the child, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30th 1893

4. Place of Birth, (Street and Number)

No 59 Hampster St.

5. Full Name of Mother,

Carle Adams

6. Mother's Maiden Name,

Carle Geist

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Adams

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Frederick Roseman

Address,

No 202 S. Doolittle St.

Remarks,

No Name

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

November 24/93

4. Place of Birth, (Street and Number)

Baltimore 1000 Chapple street

5. Full Name of Mother,

Mary L Brown

6. Mother's Maiden Name,

Mary L Lewis

7. Mother's Birthplace,

Born Eastern Shore

8. Full Name of Father,

William Brown

9. Father's Occupation,

Hotel Keeper

10. Father's Birthplace,

Born in Frederick

Name of Medical Attendant,

or other Person who makes this Return

Ellen Carson

Address,

No 273 Chapple street near E. Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 6/11/11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Nov. 30th 1882.
4. Place of Birth, (Street and Number) No. 4. Minors. Block.
5. Full Name of Mother Josephine J. S.
6. Mother's Maiden Name Wells.
7. Mother's Birthplace Balto. Md.
8. Full Name of Father William S. S.
9. Father's Occupation Laborer.
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Annie. E. S.
- Address 634 Light. St.
- Remarks _____

Section 8.—And be it further enacted and ordained: That every person practicing midwifery in any part of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person who shall be in attendance upon the mother, immediately after the birth, and shall contain the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child shall occur on a Sunday or a legal holiday, the certificate shall be delivered on the first day after the birth, and the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other due and penalties are now provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Colored*
3. Date of Birth, *30th of November 1883*
4. Place of Birth, (Street and Number) *37 Jefferson St.*
5. Full Name of Mother, *Harriet Kelly*
6. Mother's Maiden Name, *Gones*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John Kelly*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. E. Hurley*
- Address, *47 N. E. Ave. St.*
- Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 30th 1883

4. Place of Birth (Street and Number)

185 N Calvert St

5. Full Name of Mother

Sarah E. Hannon

6. Maiden Name

Owings

7. Mother's Birthplace

Maryland

8. Full Name of Father

Franklin J. Hance

9. Father's Occupation

Merchant (Druggist)

10. Father's Birthplace

Maryland

Name of Medical Attendant,

or other Person who makes this Return.

Samuel Beck

Address

134 N 3rd St

Remarks

City

rect of Vital Statistics to the Registrar of Births, Deaths, and Marriages, or other person in charge, who shall attend, and shall report to the Registrar of Births, Deaths, and Marriages, the date of birth, sex, race, and color of the child or children, and the name, nativity, and residence of the mother, and the name of the father, and the name of the child or children.

[illegible]

478A

Female 14

Female



1. December 1883

276. *S. kindesteel*

Katharine Riffertmann

Handwritten signature: *Robinson*

German

Joseph Pfeffermann

Vermont

Amesbury
Mass. 21

Mrs. Louise Kraft.

236 Canton drive

77819

— 17 —

16

St, 2d, 3d, etc.)

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1580

John A. Rustine

Amundson - C. Donnell

11. 1900

100 100

L. C. Gurnett.

Cartier

1

Mrs Elizabeth Bly

22. Buck

1. The first part of the document is a header section containing the following information:

- 1.1. The name of the organization: "The [illegible] of [illegible]"
- 1.2. The address: "The [illegible] of [illegible]"
- 1.3. The date: "The [illegible] of [illegible]"

2. The second part of the document is a body section containing the following information:

- 2.1. The first paragraph: "The [illegible] of [illegible]"
- 2.2. The second paragraph: "The [illegible] of [illegible]"
- 2.3. The third paragraph: "The [illegible] of [illegible]"

3. The third part of the document is a footer section containing the following information:

- 3.1. The name of the organization: "The [illegible] of [illegible]"
- 3.2. The address: "The [illegible] of [illegible]"
- 3.3. The date: "The [illegible] of [illegible]"

JAMES H. FLETCHER & SONS, CITY PRINTERS AND STATIONERS.

47820

Timore City.

11 張

Semantic

Calland

December 12th. 1883

103 Union Court.

116. *Griffiths*

16. Robinson

Virginia

John Griffin

Lab 202

Eastern Shore

H. A. Bull

Monument St

La Milla

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

Name of child: Mary Josephine Mehling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

(4)

1. Sex, (state whether male or female)

Female (Male)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 1st 1893

4. Place of Birth, (Street and Number)

Inter of Harford Ave & August

5. Full Name of Mother,

Rosa Emma Mehling

6. Mother's Maiden Name,

Eberle

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry D Mehling

9. Father's Occupation,

Harmon Maker

10. Father's Birthplace:

New York City

Name of Medical Attendant, or other Person who makes this Return

Regina A Winter

Address,

186 Harford Ave

Remarks,

"That any physician, wocoonheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 1 - 1883

4. Place of Birth, (Street and Number)

68 S. Eden St.

5. Full Name of Mother

Louise J. Gregory

6. Mother's Maiden Name,

Lavinia

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Gregory

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mary Stein

Address,

151 E. Pratt St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the person in charge of the birth, and shall be forwarded to the Commissioner of Health, at the expiration of each month, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *December 4th 1883.*

4. Place of Birth, (Street and Number) *N. 130. S. Washington St.*

5. Full Name of Mother, *Mary V. Seabreeze.*

6. Mother's Maiden Name, *Mary V. McElwee.*

7. Mother's Birthplace, *South Anne St.*

8. Full Name of Father, *George H. Seabreeze.*

9. Father's Occupation, *Ship Carpenter.*

10. Father's Birthplace, *South Washington St.*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *112 Patterson Park av*

Remarks,

[illegible]

111
1782
111

Seizure

Notes...

DEC
14 1
1953

Nov 1 - 1853

No 453 & Eugene Si-

James H. Griffin

“ ” “ ” *Hill*

Harry Land

Charles H. Griffin

5. *Maclicaria*

Pauline

Harry & Allwell

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each year, submit to the Board of Health a schedule of the same, which shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name which has been conferred, its sex, color, the full name and occupation of its parents, the day and date of its birth, the day and date of its admission to the hospital, and the day and date of its discharge, and shall certify to the Board of Health, between the first and third day of each and every month, to the Board of Health, the birth of any child which occurs without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to certify to the Board of Health, the birth of such child, and to certify, within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. *E. J. 125*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*
1. Sex, (state whether male or female) *Male* DEC 1883
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 1. 1883*
4. Place of Birth, (Street and Number) *Clement St*
5. Full Name of Mother, *Sophy Short*
6. Mother's Maiden Name, *Sophy Brecken*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Short*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Thos. Etter*
- Address, *No 13 Calve St*
- Remarks,

SECTION 41.—And be it further enacted and ordained, That every person practicing medicine in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall send the same to the said Commissioner, together with the fee thereon provided, during the month, and shall set forth as far as he can be ascertained, the full name of each child, its sex, color, its date of birth, its place of birth, its date of death, its date of burial, its date of interment, its date of removal to any place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 1. 1883*
4. Place of Birth, (Street and Number) *Scull St*
5. Full Name of Mother, *Henry Toolan*
6. Mother's Maiden Name, *Mary Doud*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Thomas Toolan*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Rev. Ettel*
- Address, *No 13 Cuba St*
- Remarks,

[illegible]

67827

Penyala

White

DEC 1st

55 Gough St

2. Name: Heather

Henry B. Knolly

Chilwaukee Md

Patience Seal

Glenn

Galium aparine

Mrs. Hannah K. Knobel

136 S. 6th St.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67828

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.), 31 (twins)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Saturday Dec 1st 83

4. Place of Birth (Street and Number) 106 N. Bond St

5. Full Name of Mother Annie Silman

6. Mother's Maiden Name Annie Picolo

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henry C. Silman

9. Father's Occupation Builder

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. Elsmore

Address 234 N. Carey St

Remarks Case of Twins, one still born cause Protracted Cord twisted hours before birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

67829

DEC
7
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Mulatto

3. Date of Birth

Dec. 1/83

4. Place of Birth (Street and Number)

38 Vine St.

5. Full Name of Mother

Artridge Douglas

6. Mother's Maiden Name

Sydings

7. Mother's Birthplace

Balto., Md.

8. Full Name of Father

Geo. Douglas

9. Father's Occupation

Private Waiter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Riden

Address

1954. Fremont St.

Remarks

Section 4.—And in further enactment and ordination, That every person practicing midwifery in the City of Baltimore, under the charge or superintendence a birth shall hereafter take place, shall keep a true and correct register under the seal of the City, of all births occurring in the City, and shall forward to the Commissioner of Health, a true and correct copy of such register, as soon as the same shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which may occur in the City, and shall be during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day of its birth, the day of its delivery, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Commissioner of Health, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should on other person be in at residence upon the report in birth to the Board of Health, in the manner, and within the period above required, except in the case of a child born in the City, and who is not the child of any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8.* *84*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 1st 1883*

4. Place of Birth, (Street and Number) *116, Lenox St.*

5. Full Name of Mother, *Mary Lightner*

6. Mother's Maiden Name, *Mrs. Wappeler*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Geo. Lightner*

9. Father's Occupation, *carriage*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Gray*

Address, *No. 193, South Western St.*

Remarks,

1431

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White

1 Dec 1883

Balto. S. Bond. 1st No 09

Barbosa Valentin

Bar. Patera

Bohemian

Pos. Valentin

Taylor

Bohemica

or other Person who
makes this Return

59 Mr. Worthington St.

Mary Kopisch

JOHN F. MEYER & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall forward the same to the said Commissioner, to be filed in the office of the said Commissioner, during the month, and shall set forth, as far as the same may be required, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, and in case the birth of any child shall occur with the attendance of a physician, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and in the form, and under the penalty, provided for in the cases of the births and deaths of illegitimate children, and any child born to a woman who is not the wife of a man, shall be the same as if such child were the subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 (Eight)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 1/83

4. Place of Birth, (Street and Number) 723 S Paca St

5. Full Name of Mother, ~~Mary~~ Josephine C. Brodner

6. Mother's Maiden Name, Wierst

7. Mother's Birthplace, City

8. Full Name of Father, Joseph Brodner

9. Father's Occupation, Police officer

10. Father's Birthplace, Prussia

Name of Medical Attendant, Dr D Blake

or other Person who makes this Return

Address, 158 S Paca St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1st

4. Place of Birth, (Street and Number) 247 George St.

5. Full Name of Mother, Mrs. Fannie Wagner

6. Mother's Maiden Name, Miss Fannie Carroll

7. Mother's Birthplace, Md.

8. Full Name of Father, John M. Wagner

9. Father's Occupation, Photographer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return H. F. Hillman

Address, Dr. Edmondson Av. & Schenck St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 1st 1883

4. Place of Birth (Street and Number)

Balto. N. 93 Caroline St.

5. Full Name of Mother

Mary Walz

6. Mother's Maiden Name

Martha Arbin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Arbin

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catharine Bedford

Address

41 Orleans St.

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Form No. 1, 1897. Printed by the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *1st of December*
4. Place of Birth, (Street and Number) *54 Little Mc-alderry St.*
5. Full Name of Mother, *Mary Moore*
6. Mother's Maiden Name, *Mary Johnson*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Garick Moore*
9. Father's Occupation, *Musician*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary Walter*
- Address, *125 N. Caroline St.*
- Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/8/39

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 1st 1839

4. Place of Birth, (Street and Number)

No 6 Young's Court

5. Full Name of Mother,

Mary Sampson

6. Mother's Maiden Name,

Baltimore City

7. Mother's Birthplace,

Jackson Sampson

8. Full Name of Father,

Rich Maker of Baltimore

9. Father's Occupation,

St. Mary's County Md

10. Father's Birthplace,

Robert Jackson

Name of Medical Attendant, or other Person who makes this Return

Address,

111 S. Dallas Street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the person in charge of the birth, and shall be forwarded to the Commissioner of Health, any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, daily except by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the child should die, or be born dead, or should be a still-born child, or should be a child born before or after the due time, or should be a child born illegitimate, it shall be so reported, in the manner and within the period above required, except in the cases of the birth and deaths of illegitimate children, and in such cases the person in charge of the birth shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17/11

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 1st 1883
4. Place of Birth, (Street and Number) No. 58 William st
5. Full Name of Mother, Emma Folke
6. Mother's Maiden Name, Lindenstreet
7. Mother's Birthplace, Germany
8. Full Name of Father, William Folke
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return J. Schaeffer midwife
- Address, 330 Thomaner st.
- Remarks,

67542

Baltimore City

6th Child

Male

Dec 1st 1883

No 53 Putnam's Alley

Margaret K. Kishman

Krieg

German.

John J. Kipshorn

Labaree!

Брату моему

or other Person who makes this Return.

1. *Leberwurst* *mit Pfeffer*

330 Hammer St.

[Faint handwriting]

4412 B. HOLT & SON, CITY PRINTERS AND STATIONERS.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the Registrar of Births, who shall also enter on it the date and place of its birth, and the said schedule shall be delivered, duly signed by the Registrar, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and of any child born of a woman who has been convicted of a crime, shall be neglected, or if the parent or parents to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 1st 1883

4. Place of Birth, (Street and Number)

No. 116 Johnson st.

5. Full Name of Mother,

Elise Kalle

6. Mother's Maiden Name,

Benal

7. Mother's Birthplace,

America

8. Full Name of Father,

John Kalle

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover st.

Remarks,

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67845

Baltimore City

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Thomas L. ...

Wagon Cabill

1891

Chas. S. ...

Bellevue

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IN R. FINE & CO., CITY PRINTERS AND STATIONERS

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Baltimore City

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December 2nd 1883

No. 4 Forest place

Abraham Lincoln

Boor

Baltimore

Law. W. Leitch

Electric Light.

Oberick Lig
Baltimore

W. H. Ball

Monument St.

Document 07.

W. E. MEYER & CO., CITY PRINTERS AND STATIONERS.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the physician, midwife, or other person who shall be present at the place of its birth, and the said schedule shall be delivered, duly signed by the register, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and any other person who shall be present at the birth, shall be neglected or omitted, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) *No 1*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *2 December 1883*
4. Place of Birth, (Street and Number) *Baltimore No 19 Buttrick St.*
5. Full Name of Mother, *Erastine Kriss*
6. Mother's Maiden Name, *Alain*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Adolph Kriss*
9. Father's Occupation, *Freier*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Hines*
- Address, *1 Lombard St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 2 - 1883

4. Place of Birth, (Street and Number) 150 E. Lombert St.

5. Full Name of Mother, Eva Gruensfelder

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Gruensfelder

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. Mary Harris

Address, 121 E. Pratt St.

Remarks,

Stricken—And if the mother of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall send the same to the Registrar of Vital Statistics, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the registrant, in the form of a certificate, first to the Registrar of Vital Statistics, and then to the Registrar of Health, in the manner and within the time specified in the regulations of the Board of Health, in the manner, and to the person, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17849

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st birth,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Dec 2th

4. Place of Birth. (Street and Number) Allisender 244

5. Full Name of Mother, Anna Jegger

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Michal Saxon

8. Full Name of Father, Reinhold Jegger

9. Father's Occupation, Opfhalter

10. Father's Birthplace, Pischbach Saxon

Name of Medical Attendant, or other Person who makes this Return Mrs. Mauer

Address, 228 Lombard

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be so filled out as to show the sex, color, the full name of each child, if any name shall have been conferred, its age, color, the full name of the mother, the place of birth, and the day of each and every month in which a birth shall occur. In case the certificate, between the first and third day of each and every month, in the form of a certificate, shall not be received, the birth shall be entered on the schedule, and the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and of children born of women who are prostitutes, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 28, 1883

4. Place of Birth, (Street and Number)

No 108 Ruth Wolfe Street

5. Full Name of Mother,

Mrs Lucy Rickelto

6. Mother's Maiden Name,

Mrs Lucy Digler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Mr John Rickelto

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs A. K. Kendenbach

Address,

No. 102 N Broadway

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of every birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth, as far as the same can be ascertained, the full name and occupation of the parents, the date and hour of the birth, the sex, color, the full name and occupation of the practitioner, the name of the child, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Board of Health, in case of a birth of any child which occurs without the intervention of a physician, or to the Board of Health, in case the birth of any child shall occur upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person or persons who shall hereafter fall to comply with the provisions of this act, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2 December

4. Place of Birth, (Street and Number) 162 Baltimore St East

5. Full Name of Mother, Sophia Goblein

6. Mother's Maiden Name, Cotman

7. Mother's Birthplace, Balt Md.

8. Full Name of Father, Henry Goblein

9. Father's Occupation, Cigar Store

10. Father's Birthplace, Richmond

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Mellig

48 Hollands St

Balt.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the ~~white~~ race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Colored.

Dec. 2nd 1883

43 W. Dallas street-

Delphine Blackwell

Delphine West-fall

Baltimore City

Maria Blackwell

Oyster Shucker, B. Public Works

Northhamlin County, Virginia

Nov. Susan Morgan

No. 47 North Durham street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 21 1883*
4. Place of Birth, (Street and Number) *289 W. Rutland St*
5. Full Name of Mother, *Agnes Whittman*
6. Mother's Maiden Name, *Wesley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Whittman*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *D. Williams*
- Address, *201 Madison Ave*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 17506

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 22 1883
4. Place of Birth, (Street and Number) 367 W. Fayette St.
5. Full Name of Mother Mary Stromenger
6. Mother's Maiden Name Keueck
7. Mother's Birthplace Baltimore
8. Full Name of Father John L. Stromenger
9. Father's Occupation clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. John Morris, M.D.
- Address 5-7 Franklin St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16

RETURN OF A BIRTH.

17827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
- Sex (state whether Male or Female) ~~Male~~ Female
- Race or Color (if not of the white race)
- Date of Birth Dec. 2nd, 1883
- Place of Birth (Street and Number) Cor Madison Ave & Laurale
- Full Name of Mother Elizabeth Coale Bruce
- Mother's Maiden Name Elizabeth B. Coale
- Mother's Birthplace Baltimore
- Full Name of Father Edward B. Bruce
- Father's Occupation Merchant
- Father's Birthplace Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. W. C. Every Thomas M. D.
- Address 317 Madison Ave
- Remarks

Copy of account of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children borne, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

b7858

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11-1/2 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday Dec. 2^d 1883

4. Place of Birth, (Street and Number)

898 W. Baito. St.

5. Full Name of Mother,

Margaret A. Brown

6. Mother's Maiden Name,

Margaret A. Harfield

7. Mother's Birthplace,

Baltimore Ind.

8. Full Name of Father,

John Norman Brown

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return

Dr. Henry M.D.

Address,

561 W. Fayette St

Remarks,

one more living one dead
the other living

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the person in charge of the birth, and shall be signed by the person in charge of the birth, and shall be filed in the office of the Commissioner of Health. The schedule shall contain the following information: the name of the mother, the name of the father, the date of the birth, the place of the birth, the sex of the child, the color of the child, the full name and occupation of the mother, the day and hour of the birth, and the name of the person in charge of the birth. The schedule shall be filed in the office of the Commissioner of Health, and shall be subject to the inspection of the Commissioner of Health at any time. The schedule shall be subject to the inspection of the Commissioner of Health at any time. The schedule shall be subject to the inspection of the Commissioner of Health at any time.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dec. 2nd 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 2nd 1883.*

4. Place of Birth, (Street and Number) *33 Castle St.*

5. Full Name of Mother, *H. Schmidt.*

6. Mother's Maiden Name, *H. Adam.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Joseph Schmidt.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*

Address, *No. 137 S. Wolfe St.*

Remarks, *(1)*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, during the month, and shall set forth, as far as the same can be ascertained, the full name of such child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, and the said schedule shall be preserved in the office of the Registrar of Vital Statistics, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Dec 2nd 1883

4. Place of Birth. (Street and Number)

No. 82 Leadenhall st

5. Full Name of Mother,

Anna Grien

6. Mother's Maiden Name,

Hammerbacher

7. Mother's Birthplace,

America

8. Full Name of Father,

Frank Grien

9. Father's Occupation,

Cabinetmaker

10. Father's Birthplace,

Belgium

Name of Medical Attendant, or other Person who makes this Return

J. Schepner midwife

Address.

330 Lancaster st.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of said birth, and shall enter the name of the child, the name of the mother, the date of birth, the sex, the race or color, the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date and place where it shall be delivered. Any signed by the practitioner in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause its birth to be registered in the form of a birth, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2nd of September 1885*

4. Place of Birth, (Street and Number) *No. 81 North Chapel St.*

5. Full Name of Mother, *Mary Schallheim*

6. Mother's Maiden Name, *Mary Sandner*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Sandner*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Frederica Kunkel*

Address, *71 North Chapel St. per Frederica Kunkel*

Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 2, 1883

4. Place of Birth, (Street and Number)

284 Johnson St

5. Full Name of Mother,

Annie Labaree

6. Mother's Maiden Name,

Shultz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Labaree

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

87864

Chomelle

2/1/84

9. 2. 19

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Dec 2/3 1894

Mary Ruth
P. 4

Mary C. Smith.

Baltimore

Spinal Neck

Laborer

Baltimore.

or other Person who
makes this Return

Sahiba Gresham

Pa 125 West St

[illegible]

W. F. WITT & CO., CITY PRINTERS AND STATIONERS.

by Rev

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 2nd*
4. Place of Birth (Street and Number) *72 S Bond St*
5. Full Name of Mother *Anna H Bross Hammer*
6. Mother's Maiden Name *" " Kutz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Bross Hammer*
9. Father's Occupation *Hostler*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *D W Catherer M D*
- Address *2 W Bond Way*
- Remarks *Lived but four hours, then died*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

17866

DEC
5
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 2nd 1883*
4. Place of Birth (Street and Number) *Hamburg St No 270 Balt.*
5. Full Name of Mother *Mary Smothers*
6. Mother's Maiden Name *Mary Scrivener*
7. Mother's Birthplace *a a co M D*
8. Full Name of Father *Adicack Smothers*
9. Father's Occupation *Stevendore*
10. Father's Birthplace *a a co M D*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *Mrs Frances Granby*

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exact register of such births, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any was born), the date of its birth, the race or color, the sex, the occupation of its parents, the day and hour of its birth, and the name of the physician, or of a practitioner of midwifery, or of a nurse, or of any other person to whom the mother immediately hereafter referred to, shall then become the subject of the birth, and the name of the hospital, or of the place where the birth occurred, and the name of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *wht*
3. Date of Birth, *Dec. 3. 1883.*
4. Place of Birth, (Street and Number) *312 N. Ecutaw st*
5. Full Name of Mother, *Margaret Roberts*
6. Mother's Maiden Name, *Looney*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Mo. Roberts*
9. Father's Occupation, *merchant*
10. Father's Birthplace, *England.*
- Name of Medical Attendant, or other Person who makes this Return *Chas Lane Janyhill*
- Address, *219 Madison ave.*
- Remarks,



of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the County Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of its birth, the place of its birth, and the name of the person or persons who shall hereafter be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *whit*

3. Date of Birth, *Dec. 3 - 1883. 9.50 p.m.*

4. Place of Birth, (Street and Number) *61 Mt. Royal ave.*

5. Full Name of Mother, *Georgie A. Rigor.*

6. Mother's Maiden Name, *" " Boone*

7. Mother's Birthplace, *Md.*

8. Full Name of Father, *William C Rigor*

9. Father's Occupation, *Telegraph operator*

10. Father's Birthplace, *Penna.*

Name of Medical Attendant, or other Person who makes this Return *G Laure Panayhile*

Address, *219 Madison ave.*

Remarks, *Instruments and chloroform: child doing well.*



named registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, so far as the same can be ascertained, the full name of each child, its place of birth, and the date of its birth, and the said schedule shall be delivered, duly signed, by the registrar, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 ed*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 3rd 1883*

4. Place of Birth, (Street and Number) *185 N. Dallas St.*

5. Full Name of Mother, *Lizzie Brady*

6. Mother's Maiden Name, *Lizzie Hinton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Brady*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. A. Burt*

Address, *No 185. S.E. cor Central av. & Monument St.*

Remarks, *All Well*

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

3. Date of Birth, 3 d December 1883

4. *Place of Birth, (Street and Number*

4. Place of Birth, (Street and Number) No. 330, South Sharp St.

5. *Full Name of Mother.*

5. Full Name of Mother, Bonnie Hamburg

6. *Mother's Maiden Name;*

6. Mother's Maiden Name; *Chertman*

7. *Mother's Birthplace,*

7. Mother's Birthplace, Amuseca
Henry Kumbie

S. *Full Name of Father,*

S. Full Name of Father, Henry Kemberg

9. *Father's Occupation,*

9. Father's Occupation, *Laborer*

10. *Father's Birthplace,*

10. Father's Birthplace, America
 or other Person who E. H.

Name of Medical Attendant,

Name of Medical Attendant, or other Person who makes this Return *Edw. Munn*

Address.

Address, 1244 Broadway

Remarks.

[illegible]

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of birth, the sex, the race or color, the place of birth, and the date of the birth certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section and be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

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1883

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1872

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Lansdale.....

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1883

112 Sharp N.

Levi Hill

K. L. L. L.

Poland

Mr. H. W. Shiller

6. Clothing. Yarn

P. 100

Mr. Rosa Miller

48 Holland St

Ball City

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 67873

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male
white

Dec 3 1893

204 Front
Mary Sullivan
" Herd

herd,
Elizabeth Sullivan
Fireman

herd
H. Smith

143 N. E. 1st St

DEC
7
1893

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

67874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 3 - 83

4. Place of Birth (Street and Number)

60 Johnson St.

5. Full Name of Mother

Mary Garland Kemp

6. Mother's Maiden Name

Garland

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles B. Kemper

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John H. Smith, M.D.

Address

28 E. Charles St.

Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6/18/75

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
7
1883

- No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if nat of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mather's Maiden Name,
7. Mather's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,

1st
Male
Dec 3 1883
For Baltimore
Elizabeth Schmidt
Baltimore
Henry Weiss
Grocer
Baltimore
Mrs M. L. Cuthell
155 Montgomery St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First.

Male

White.

December 3rd 1883.

No 111 S. High St.

Sarah Morrison

Sarah Orr.

Longdonderry Ireland

Thomas Morrison

Potter

Glasgow Scotland

Mrs Eliza Flemming's

No 95 Albemarle Street

City

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *The second child Female.*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *3 May 1883*

4. Place of Birth, (Street and Number) *Baltimore Md. Little Street 330*

5. Full Name of Mother, *Elyanora*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Hygon Queen county Virginia*

8. Full Name of Father, *Henry Jackson*

9. Father's Occupation, *Reporter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Georgeanna H. C.*

Address, *Stockings City No 26.*

Remarks, *Find baby*

of Baltimore, during a year, a copy of all returns made on a blank schedule to be received by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full names of each child, its sex, race or color, date of birth, name and occupation of the parents, the day and hour of birth, and the name of the medical attendant. The Registrar shall also receive a copy of the birth certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the person so attending the mother, immediately thereafter, shall then become the subject of a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd December*
4. Place of Birth, (Street and Number) *108 1/2 Enoch Street*
5. Full Name of Mother, *Rebecca Wilhelm*
6. Mother's Maiden Name, *Rebecca Tellesman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Wilhelm*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Lenna Tellesman*
- Address, *182 E Monument St*
- Remarks, _____

DEC
13
1899

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the facts which have occurred under his or her care during the birth, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the date, place, and hour of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the parent of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is duly qualified to attend to the birth, the parent or person who is present at the birth of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

DEC
10
1883

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 5 1883

4. Place of Birth, (Street and Number) N^o 40 Byrd st

5. Full Name of Mother, Christiane Speagle

6. Mother's Maiden Name, Christiane Kratz

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Speagle

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Thomson

Address, N^o 18 Byrd st

Remarks, _____

7/18

[illegible]

7

Chase

W. Burke

Dec. 3. 1883

Baltic. I. Dallas. v No 272

Mary Krish

Mary. Seelake

Bohemia

Gas. Krish

Gabner

Bohennä

or other Person who
makes this Return

Mary Roshak

Mary O'Rourke

DEC
10
1960

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 10 1922

1. Name of child, (state whether 1st, 2d, 3d, etc.) 2

2. Sex Female

3. Date of birth December

No. of Child of Mother, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth: _____
 Birth, (Street and Number)

5. Full Name of Mother,
Maiden Name,

6. Mother's Maiden Name, _____
Birthplace, _____

7. Mother's Birth Name of Father:

8. Full Name of _____
9. Father's Occupation, _____
Birthplace, _____

10. Father's Birthplace, _____
_____ of Medical _____

Father's Birthplace, _____
Name of Medical Attendant, _____

Address,

Remarks,

or other Person who
makes this Return

PRINTERS AND STATIONERS

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

of Baltimore, under whose charge or supervision a birth shall occur, or who is an exact registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out for each month, and shall be forwarded to the Registrar of Births and Deaths, Baltimore, at the end of each month, and shall be filed in the office of the Registrar of Births and Deaths, Baltimore, and shall be subject to the inspection of the Board of Health. In case the Registrar of Births and Deaths, Baltimore, shall be absent from his office, he shall designate another person to act in his stead, and shall forward to the Registrar of Births and Deaths, Baltimore, a statement of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Births and Deaths, Baltimore, and shall be subject to the inspection of the Board of Health. In case the Registrar of Births and Deaths, Baltimore, shall be absent from his office, he shall designate another person to act in his stead, and shall forward to the Registrar of Births and Deaths, Baltimore, a statement of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Births and Deaths, Baltimore, and shall be subject to the inspection of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 3 December

4. Place of Birth, (Street and Number) 130 Bond

5. Full Name of Mother, Maggie Larkins

6. Mother's Maiden Name, Chasice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Larkins

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. C. Lombard street

Remarks, _____

DEC
10
1887

11/18/182

DEC
10
1953

Female

Female

3 December

3 December

120 Pratt.

James Malan

Once

Ireland

James Malan

Laboures.

36 Ireland

or other Person who
makes this Return.

Sarah Casper

72. E. Lombard street

K. D. FINE & CO., 1371 CHINTOLA AND STATIONERS.

and any physician, accoucheur, midwife, or other person in charge, who shall assist, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

11 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December the 3rd 1883

4. Place of Birth, (Street and Number)

No 524 Hartford St

5. Full Name of Mother.

Margaret E. Scarys

6. Mother's Maiden Name.

Margaret E. Chase

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Robert E. Scarys

9. Father's Occupation,

Boys maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Done, Bayless

Address,

No 356 Hartford St

Remarks,

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Parachanna hirsuta

Address.

Remarks,

[illegible]

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth. December 3, 1853

4. Place of Birth, (Street and Number) *N. Central, Av. 19 148*

5. Full Name of Mother, Mary Elzer

G. Mother's Maiden Name. Mary Limper

7. *Mother's Birthplace,*

S. Full Name of Father, J. Lee Rich Elder

9. Father's Occupation, Lumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address. 1, Dallas St., No. 26

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6788

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 30 1885
4. Place of Birth, (Street and Number) No. 9 Cr. Keith St.
5. Full Name of Mother Kate Malooly
6. Mother's Maiden Name Heurckel
7. Mother's Birthplace Baltimore
8. Full Name of Father William F. Malooly
9. Father's Occupation Tele. Co.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.
- Address 5 Franklin St.
- Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, which schedule shall be filled out under his or her care during the month, and shall not forth, as far as the same can be ascertained, in its full name and sex, color, the full name and sex of its parents, the name of its physician, the day and place of its birth, and the sex of the child, and shall also enter thereon the name of the medical attendant, the name of the person who makes this return, and the name of the person or persons who shall hereafter sell to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, _____
4. Place of Birth, (Street and Number) *# 362 Corp*
5. Full Name of Mother, *Sophia Bruckner*
6. Mother's Maiden Name, *Sophia Hecks*
7. Mother's Birthplace, *Newbury, Md*
8. Full Name of Father, *Lamuel Bruckner*
9. Father's Occupation, *Carriage Maker (Jas. B. Weston, Jr.)*
10. Father's Birthplace, *Sharlens, Va*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mint*
- Address, *1, L. S. full*
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67890*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 3rd 1883

4. Place of Birth, (Street and Number)

4 Vincent's Lane Asylum

5. Full Name of Mother

6. Mother's Maiden Name,

Lizzie Smith
Mc

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

of the mother, father, or nurse, or any other person, a birth, shall be registered in a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be set forth as far as the same can be ascertained, the full name of each child, if known, the date of birth, the sex, the race or color, the place of birth, the date of delivery, the name of the physician, or of a practitioner of midwifery, or of a nurse, or of any other person, who attended the birth, and the name of the person who attended the child, between the first and third day of each and every month, to the Board of Health. In case the child is born dead, the name of the child shall be written in the space provided for the name of the child, and the name of the person who attended the birth, and the name of the person who attended the child, shall be written in the space provided for the name of the person who attended the child, within the period above required, except in the case of the birth of a child, in the case of the birth of a child, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3d of December 1883*
4. Place of Birth, (Street and Number) *No 18 Blomberg St*
5. Full Name of Mother, *Lizzie Conly*
6. Mother's Maiden Name, *Lizzie Harding*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Bernard Conly*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Lizzie Conly*
- Address, *No 120 W. 1st St*
- Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Com-
 missioner of Health. This schedule shall contain a list of the births which have occurred under his or her care
 during the year, and shall be so arranged as to show the name of the mother, the name of the child (if
 any), the date of birth, the place of birth, the sex, the color, the weight, the height, the length, the
 place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a
 certificate, to the parent or person who shall have the custody of the child, and who shall be responsible
 for its care, and who shall be liable to the payment of a fine, or of a practitioner of midwifery, or
 birth of an illegitimate child, or of a child born out of wedlock, or of a child born of a woman who
 within the period above required, except in the case of the birth of the child, in the manner, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 4th 1883*

4. Place of Birth, (Street and Number) *458 N. Gay St.*

5. Full Name of Mother, *Pauline Biedermann*

6. Mother's Maiden Name, *Polizdenmier*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *H. Biedermann*

9. Father's Occupation, *Resturant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. Butt*

Address, *10185 S.E. cor Benbel av. & Monument St.*

Remarks, *See file*

H
77896

1. REC

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B. m. l.

22. 10

December 4th 1833

Pl. 4. Conkline St.

Charles F. Johnson

u. *Mantion*

Baltimore

George F. Fisher

W. L. G.

1901

[Faint handwritten notes]

240 20 Burns: Etc

1871

W. P. HET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH ¹⁸⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *4th Dec 1893*

4. Place of Birth, (Street and Number) *42 Leaden hall St*

5. Full Name of Mother, *Catherine Edmunds*

6. Mother's Maiden Name, *Catherine Schellhouse*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John J. Edmunds*

9. Father's Occupation, *Collector*

10. Father's Birthplace, *North Carolina*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Jones*

Address, *1 S. E. 1st St.*

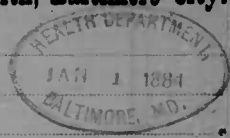
Remarks,

of Baltimore City, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, and the name of the mother, and shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the certificate of an attendant shall occur without the attendance of a physician or of a practitioner of midwifery or of a practitioner of surgery, the certificate shall be signed by the practitioner of midwifery or of a practitioner of surgery, and shall be delivered to the Board of Health, in the manner, and within the period above required, except in the case of the birth of a child, and deaths of illegitimate children, and any person in Baltimore who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the (Municipal) Health Department, and shall not forth, as far as the same can be ascertained, the name, sex, color, date, place of birth, and the said schedule shall be delivered, duly signed, by the registrant, in the form of a birth certificate, to the parent or person who shall have charge of the child, and the said certificate shall be a full and complete receipt for the child, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, who shall be designated by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4th 1883

4. Place of Birth, (Street and Number) 460 Calhoun St.

5. Full Name of Mother, Mabel McNeil

6. Mother's Maiden Name, Mabel Cox

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John McNeil

9. Father's Occupation, Stone Mason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Williams, M.D.

Address, 340 Pennsylvania Ave.

Remarks, _____

1792

December 6 th 1882

DEC
7
1923.

- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*
Address *No. 137 S. Wolfe St.*
Remarks, *CB*

[illegible]

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

67900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
7
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
M

1. Sex, (state whether male or female)

H

2. Race or Color, (if not of the white race)

Dec 4th

3. Date of Birth,

4. Place of Birth, (Street and Number)

N. W. Park & Preston

5. Full Name of Mother,

Anna Holland

6. Mother's Maiden Name,

Hogan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Zachariah Holland

9. Father's Occupation,

Householder

10. Father's Birthplace,

U.S.A. ?

Name of Medical Attendant, or other Person who makes this Return

R. Winston

Address,

201 W. Biddle St

Remarks,

See Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 7th 1883
4. Place of Birth (Street and Number) 195 Lee St
5. Full Name of Mother Emma Schimpf
6. Mother's Maiden Name Emma Hollett
7. Mother's Birthplace Baltimore
8. Full Name of Father M. P. Schimpf
9. Father's Occupation Policeman
10. Father's Birthplace Maryland
Name of Medical Attendant, or other Person who makes this Return J. R. Uhler M. D.
Address 234 W. Fayette St
Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause a schedule to be filled out, containing the following particulars, to be signed by the physician, midwife, or other person who shall be present at the birth, and shall forward the same to the Registrar of Births, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the day and hour of its death, if it shall die within the month, and the cause of death, if it shall die within the month, between the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to cause a schedule to be filled out, containing the following particulars, to be signed by any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 4 December
4. Place of Birth, (Street and Number) 231 Lombard
5. Full Name of Mother, Katie Maginey
6. Mother's Maiden Name, Sinich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Maginey
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 E. Lombard
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/7/902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

born 4 December

4. Place of Birth, (Street and Number)

Baltimore, 1734 Broadway

5. Full Name of Mother,

Evelyn Browne

6. Mother's Maiden Name,

Evelyn Gast

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Will Brown

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. Smith

Address

10 Bedford St

Remarks.

W. T. C. Baltimore

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Female

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Bellmore 33 Cambridge St

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James A. Kimball

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or other Person who makes this Return

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makes this Return

8.8.7 Eastern Dec

Remarks,

IN B. EAT & CO. LITH. PRINTERS AND STATISTICAL.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) ... *Female*

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

Granby Street no 70.

Remarks,

[illegible]

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on Births, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, who shall hereafter be appointed by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

DEC
13
1893

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

See 4th / 1893

4. Place of Birth, (Street and Number)

4111 St Baltimore

5. Full Name of Mother,

Mrs. Mary Gunning

6. Mother's Maiden Name,

Mary Whinn

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Martin J. Gunning

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Comptroller of the City of Baltimore, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the date of its birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the sign of the cross shall be delivered, duly signed by the practitioner, in the form of a certificate, and the same shall be filed in the office of the Registrar of Vital Statistics, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth in the "Book of Health," in the manner, and to the effect, herein prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December the 4, 1883*

4. Place of Birth, (Street and Number) *E. Pratt St. S. W. Cor. of Pratt & Wolfe St.*

5. Full Name of Mother, *Mary Wiesner*

6. Mother's Maiden Name, *Mary Bremer*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Josef Selter, Friedrich Wiesner*

9. Father's Occupation, *Tine Selter*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *1000 N. E. St. No. 26*

Remarks, _____

RETURN OF A BIRTH.

67907

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Twins, Male and Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 4th 1883*
4. Place of Birth (Street and Number) *Baltimore York St. No 67*
5. Full Name of Mother *Jane Cooney*
6. Mother's Maiden Name *McHally*
7. Mother's Birthplace *Limerick Ireland*
8. Full Name of Father *Thomas Cooney*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mr Elizabeth Scarborough*
- Address *No. 220 Montgomery St Baltimore*
- Remarks

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 4th of December 1880.

4. Place of Birth, (Street and Number) *15 North Durham*

5. Full Name of Mother, Frances Armitage

6. Mother's Maiden Name, Frances Merty.

7. Mother's Birthplace, Germany.

S. Full Name of Father, *Martin Kerty.*

9. Father's Occupation, Box-maker.

10. *Father's Birthplace.* Baltimore.

Name of Medical Attendant, or other Person who makes this Return *Gregoria Kunkel*

Address. 77 North Chapel - Upper Guatemala - Central

Remarks, *Caribbean*

1712

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No. 12601

No 24 Petrus So

George Bremer

Anna H. H. H.

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Salmon Creek

Mr. J. H. West

Remarks

N. P. FLETCHER & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
10
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Dec. 4th 1893*

4. Place of Birth (Street and Number) *X 218 Dover St*

5. Full Name of Mother *Emma Haddy*

6. Mother's Maiden Name *Emma Parker*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Geo. Haddy*

9. Father's Occupation *Dayman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *X 218 Dover St*

Remarks

Mary Jane Richardson

any person or persons who shall, in violation of the provisions of this section, shall be liable to a fine of not less than five dollars nor more than twenty dollars, and shall also be liable to imprisonment for not less than thirty days nor more than ninety days, or to both such fine and imprisonment, at the discretion of the court.

9-16-60

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) *whit*

3. Date of Birth, Dec 5. 1883. 2.20 a.m.

4. Place of Birth, (Street and Number) 171 Preston St

5. Full Name of Mother, *Mary Bailey Brown*

6. Mother's Maiden Name, " Bailey

7. Mother's Birthplace, Md

8. Full Name of Father, *Alexander Brown*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *and*

Name of Medical Attendant, or other Person who makes this Return

Address, 219 Madison Ave.

Remarks,



of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall transmit the same to the Registrar of Vital Statistics, Baltimore City, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place of its birth, the names of the physician, midwife, or other person who attended at the birth, and the date of its birth, and shall also certify, between the first and third day of each and every month, to the Board of Health, in the form of a certificate, whether or not any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the Registrar of Vital Statistics, Baltimore City, to cause a copy of the certificate to be made and filed within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 56
1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec. 5 83.
4. Place of Birth, (Street and Number) O. Wieg. No. 14
5. Full Name of Mother, Elisabeth Becktenwald
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Balt.
8. Full Name of Father, Friedrich Becktenwald
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Herr. Joh. Rauberich
- Address, O. Wieg. No. 14
- Remarks, _____

What may be required, as a condition, in order to be eligible for the office of Registrar, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 5th 1892

4. Place of Birth, (Street and Number)

210 Hudson Street

5. Full Name of Mother,

Mary E. Keys

6. Mother's Maiden Name,

Mary E. Gullens

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James H. Keys

9. Father's Occupation,

Care maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Sarah Gullens

Address,

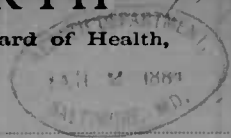
104 Curlew Street Canton

Remarks,

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

over RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
- Name: *Clara Isabella Stump* *Female*
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 6th (Dec 5.) 1883*
4. Place of Birth, (Street and Number) *129 Division St.*
5. Full Name of Mother, *Mary V Burch*
6. Mother's Maiden Name, *Stump*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Stump*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Markus Brown M.D.
68 W. Calvert St.

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth. 6th December.

4. Place of Birth, (Street and Number), *No. 133, Kramarsky Bldg., Leningrad, U.S.S.R.*

5. Full Name of Mother, Mary Goodman

6. Mother's Maiden Name, Mildred Groves

7. Mother's Birthplace. West York, Penn.

8. Full Name of Father, George Aragon

9. Father's Occupation, Master's Lease n.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Prof. Mearns

Address. *1. Sacre au fill AS*

Remarks.

[illegible]

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall be forwarded to the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following. The schedule shall contain the full name and occupation of its parents, the day and place of its birth, and the full name and occupation of its mother, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Health. In case the birth of a child occurs on a Sunday or a legal holiday, the certificate shall be filed on the first day following such birth of such child, and the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who neglects to comply with the provisions of this act shall be liable to a fine of not less than five dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17917

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 birth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 5th*
4. Place of Birth, (Street and Number) *Easton, Ave*
5. Full Name of Mother, *Friedricha Mc Bloughing*
6. Mother's Maiden Name, *Ann Wessler P*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Andrew Mc Bloughing*
9. Father's Occupation, *San Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wessler*
- Address, *248 Lombard St*
- Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur at a residence, or at a place other than the place of its birth, the practitioner, or a physician, or a practitioner of midwifery, for duty of the period above required, except in the case of the births and deaths of illegitimate children, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 5 1883

4. Place of Birth, (Street and Number)

13. China St.

5. Full Name of Mother,

Augusta Ahane

6. Mother's Maiden Name,

Shuman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred Ahane

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

328

J. E. E. St.

Remarks,

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White

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278 f. Entom St.

Katie Murphy

F. Frank

Ireland.

Thom. W. W. by

Labrador

Ireland.

or other Person who
makes this Return

328 J. O. Entwistle

of Baltimore, under whose charge or supervision the said child was born, shall keep a true and correct record of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the facts which have occurred, under his or her care, in the birth of the child, and shall be filled out by the physician or the nurse of each child, and the name of the mother shall have been ascertained, in sex, before the full name and occupation of the mother of each child, and the name of the father, and the said schedule shall be delivered, duly signed by the practitioner, in the case of the birth of a child, to the first and third party to the board of Health. In case of the birth of a child, the said schedule shall be delivered, duly signed by the practitioner, to the mother, and should no other person be in attendance upon the mother, immediately there after, it shall then become the duty of the parent or parents of such child to report its birth to the board of Health, in the manner, and at the time, and place, and by the person, which shall be determined by the board of Health, and the parent or parents of such child, or the person who shall have so reported its birth, shall be liable to a fine of ten dollars for each child so reported, to be recovered as other fines and penalties are recoverable.

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Baltimore City.

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48 Holland

THE B. I. T. & CO., LTD. PHILADELPHIA AND STATIONERS

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the day and month of its birth, and the said schedule shall be delivered, duly signed by the register, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17723

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Dec

4. Place of Birth, (Street and Number) 475 High St.

5. Full Name of Mother, Mary Briggs

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Germany

8. Full Name of Father, William Briggs

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Lissauer

Address, 19 70 Greenby St.

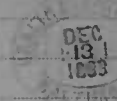
Remarks,

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Com-
 missioner of Health. This schedule shall contain a list of the births which have occurred under his or her care
 during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its
 place of birth, the date of its birth, the date of its registration, the name of the physician, the day and
 certificate, is given, the first and third day of each and every month, to the Board of Health. In case the
 birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
 within the period above required, except in the cases of the births and deaths of illegitimate children, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th December*
4. Place of Birth, (Street and Number) *92 Druid Hill Avenue*
5. Full Name of Mother, *Bridget Webb*
6. Mother's Maiden Name, *Bridget Laughery*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Arthur Webb*
9. Father's Occupation, *Housekeeper*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Villagust*
- Address, *182 Co Monument Street*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC
13
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

12. 5. 93

4. Place of Birth (Street and Number)

399 Franklin St

5. Full Name of Mother

Sarah C. German

6. Mother's Maiden Name

Mattingly

7. Mother's Birthplace

Avon de Grace

8. Full Name of Father

Jerome German

9. Father's Occupation

Plasterer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Cashman

Address

314 9 Lane

Remarks

Asceps

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67926*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 5. 1883

4. Place of Birth, (Street and Number)

9 Goulds alley

5. Full Name of Mother

Mary James

6. Mother's Maiden Name,

Leimmel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Michael Leimmel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Aaron Nash

Address,

Remarks,

of Baltimore, under each birth, name or surname, a blank schedule to be furnished by the Committee of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and month of its birth, the day and month of its death, if it has died, the name of the physician, or of a practitioner of midwifery, or of any other person to whom the attendance of a physician, or of a practitioner of midwifery, or of any other person, should not have been required, the name of the mother, immediately thereafter, it shall then become the duty of the medical attendant, or of any other person, to fill up the schedule, and to sign the same, and to forward it to the Registrar of Vital Statistics, Board of Health, Baltimore, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 10 1883

4. Place of Birth, (Street and Number) No 33 S Wolf St.

5. Full Name of Mother, Mrs Christina Schlesing

6. Mother's Maiden Name, Ecken

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Schlesing

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, No 33 S Wolf St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out and returned to the Commissioner of Health, with the full name of each child, (if any name shall have been conferred) its sex, color, the full name and address of the mother, and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner is a physician, or of a practitioner of midwifery, or a nurse, or of a practitioner of any other profession, he or she shall be held responsible for the accuracy of the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the practitioner shall comply with the provisions of this section shall be subject to a fine of ten dollars for each offense in so recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5 December*
4. Place of Birth, (Street and Number) *14 Bradford (Allen)*
5. Full Name of Mother, *Margij Rosmark.*
6. Mother's Maiden Name, *Braun*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Andreas Rosmark*
9. Father's Occupation, *Auster Schocker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

E. Behnken (Midwife)
54 Essex St.

Address.

Remarks.

77929

DEC
10
1953

370

Phale

Colored

DEC 5th 1891

247. Open Street

1
R. B. Brown

Don't see

Virginia

1. *Staphylinus*
 2. *Staphylinus*

Labrus

2001-1-1
Albuquerque

Wm. Leno. Richmond

X 912 Over Street

Mary Jane Richardson

U. S. PAT. & T.M. OFFICE

67930
Hingham City

DEC
12
1953

-2 d

L'Amable

Helmut

December 5th 1883

14 Little monument street

Thora Holmes

63 17' 10

Baltimore Md

Alfred Henry Bann

Porter San Gueary. Str

Baltimore Md

Hester Botance

Hester Moten

38 Little monument street

W. F. FLETCHER & CO., CITY PRINTER AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
12
1883

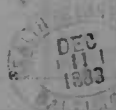
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5. December
4. Place of Birth, (Street and Number) Baltimore Mulberry St 184
5. Full Name of Mother, Anna Leumann
6. Mother's Maiden Name, Anna Strumpfen
7. Mother's Birthplace, Crefeld, Germania
8. Full Name of Father, Piegrian Leumann
9. Father's Occupation, Broker
10. Father's Birthplace, Vienna, Austria
- Name of Medical Attendant, or other Person who makes the Return Mrs. W. Mannel.
- Address, 228. Saratoga str. Midwife
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist in, or receive at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December fifth*
4. Place of Birth, (Street and Number) *No 10 Pennsylvania avenue*
5. Full Name of Mother, *Mrs Barbara Schyzant*
6. Mother's Maiden Name, *Miss Barbara Hoffman*
7. Mother's Birthplace, *Born in Europe*
8. Full Name of Father, *Mr John Schyzant*
9. Father's Occupation, *baggage Painter*
10. Father's Birthplace, *Born in Europe*
- Name of Medical Attendant, or other person who makes this Return. *Mrs Ida Agolke*
- Address, *No 4 New St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67933

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 5th

4. Place of Birth, (Street and Number)

55, Carlton St.

5. Full Name of Mother,

Lizzie Brath

6. Mother's Maiden Name,

Lizzie Glasgow

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Glasgow

9. Father's Occupation,

Barber

10. Father's Birthplace,

Accomack Co Va

Name of Medical Attendant, or other Person who makes this Return

M^{rs} Milley Blackie

Address,

53, Carlton St.

Remarks,

Healthy and strong

RETURN OF A BIRTH *67934*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 6, 1883

4. Place of Birth, (Street and Number)

106 Lexington St.

5. Full Name of Mother,

Rose Heilner

6. Mother's Maiden Name,

Rose Lauer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Seligman Heilner

9. Father's Occupation,

Merchant

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

A. H. Erich M.D.

Address,

95 Park Ave.

Remarks,

Every physician, accoucheur, nurse, or other person in charge who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17935

GIVEN NAME ADDED 7-30-59

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Neva Cora Woolford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec 6 1885*

4. Place of Birth, (Street and Number) *#30 Conway St.*

5. Full Name of Mother *Mary H. Woolford*

6. Mother's Maiden Name *Lambelin*

7. Mother's Birthplace *Md.*

8. Full Name of Father *Wm H. Woolford*

9. Father's Occupation *Comm. Merchant*

10. Father's Birthplace *Md.*

Name of Medical Attendant, or other Person who makes this Return. *R. C. Lee*

Address *N.W. cor. Hanover & Barrington*

Remarks



of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the name of the mother, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day after the occurrence of the birth, to the nearest health officer, or to a physician, or to a midwife, or to a nurse, or to a person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, by law, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 6th 83

4. Place of Birth, (Street and Number)

140 Myrtle and

5. Full Name of Mother.

Leticia Davis

6. Mother's Maiden Name,

Leticia Carcaud

7. Mother's Birthplace,

Ind

8. Full Name of Father,

John K. Davis

9. Father's Occupation,

Car Builder

10. Father's Birthplace,

Ind

Name of Medical Attendant,

or other Person who
makes this Return

J. Miller M.D.

Address,

158 Franklin St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 67938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. Dec. 6th 1883
4. Place of Birth, (Street and Number) 26 So. V. Dallas St.
5. Full Name of Mother. Catherine Sharp
6. Mother's Maiden Name. Siegelin
7. Mother's Birthplace. New York
8. Full Name of Father. Chas. Sharp.
9. Father's Occupation. V. C. & R. Conductor,
10. Father's Birthplace. Hartford Co., Md.
- Name of Medical Attendant, or other Person who makes this Return M. B. Billingsley
- Address. 256 E. Preston St.
- Remarks.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14
RETURN OF A BIRTH,
1779
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *Dec 1st 1892*
4. Place of Birth, (Street and Number) *301 Anglin St*
5. Full Name of Mother *Joanna Badger*
6. Mother's Maiden Name *Joanna Good*
7. Mother's Birthplace *Sumner Co Md*
8. Full Name of Father *William Badger*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Charles Co Maryland*
Name of Medical Attendant, or other Person who makes this Return. *J. R. Wiley M.D.*
Address *145 W. Lombard St*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

or Color, (if not of the white race)

ate of Birth,

ace of Birth, (Street and Number)

all Name of Mother,

ther's Maiden Name,

ther's Birthplace,

all Name of Father,

ther's Occupation,

ther's Birthplace,

ame of Medical Attendant, or other Person who makes this Return

ddress.

emarks.

2
female
colored
December 6 "1883
to 64 elbow lane
Lucy Hemshy
Lucy Jones
Friedrich Md
John Hemshy
Driver
Baltimore Md
Mary Ann Dorsey
64 Elbow Lane
five dollars

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
7
1883

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) (2)

1. Sex (~~state whether male or female~~) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 6 1883

4. Place of Birth, (Street and Number) 182 Scrantom St

5. Full Name of Mother Mattie Gallagher

6. Mother's Maiden Name Mattie McHenry

7. Mother's Birthplace Cincinnati

8. Full Name of Father Charles Gallagher

9. Father's Occupation Clerk

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. James A. Lockhart

Address 182 Scrantom St

Remarks Born

6/7/12

Baltimore City.

81, ~~22, 23, 24, 25.~~)

~~or funnel)~~

(white race)

Number)

,

or other Person who
makes this Return

...more.

[illegible]

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their
condition, whether still born or not, the full name, nativity, and residence of the parents, and the
name of the mother of such child or children.

RETURN OF A BIRTH,
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Dec. 1st 1898
4. Place of Birth, (Street and Number) 311 Argyle St
5. Full Name of Mother Joanna Padgett
6. Mother's Maiden Name Joanna Lead
7. Mother's Birthplace Annandale to Md
8. Full Name of Father Mustina Padgett
9. Father's Occupation Labourer
10. Father's Birthplace Chaplin C. Maryland
- Name of Medical Attendant, or other Person who makes this Return. J. R. Wilson M.D.
- Address 1075 W. Lombard St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
(state whether male or female) *female*
or Color, (if not of the white race) *colored*
Date of Birth, *December 6th 1883*
Place of Birth, (Street and Number) *No 64 elbow lane*
Full Name of Mother, *Lucy Hemslie*
Mother's Maiden Name, *Lucy Jones*
Mother's Birthplace, *Fredrich Md*
Full Name of Father, *John Hemslie*
Father's Occupation, *Driver*
Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return *Mary Ann Dorsey*
Address *64 Elbow lane*
Remarks *five dollars*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

67741

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
7
1883

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

(2)

1. Sex (~~state whether male or female~~)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 6 1883

4. Place of Birth, (Street and Number)

182 Sorauga St

5. Full Name of Mother

Mattie Gallagher

6. Mother's Maiden Name

Mattie McHann

7. Mother's Birthplace

Cincinnati

8. Full Name of Father

Charles Gallagher

9. Father's Occupation

Clerk
Washington St.

10. Father's Birthplace

James M. Leckie

Name of Medical Attendant, or other Person who makes this Return.

Address

182 Sorauga St

Remarks

Born

17912

Extract Regulations of, Boston, Record of Vital Statistics

[illegible][illegible]1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the~~ white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Decmber 1st / 83.
 177. Edmund Ari.
 Ella E. Reagan.
 Ella E. Whitworth.
 Baltimore City.
 Joseph E. Reagan
 Clerk.
 Baltimore City.
 John L. C. Stager, Jr.
 273. Lexington St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *67944*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 6

4. Place of Birth, (Street and Number)

36 L Wheelberg Street

5. Full Name of Mother,

Mary Bond

6. Mother's Maiden Name,

Mary Warrick

7. Mother's Birthplace,

New Castle Delaware

8. Full Name of Father,

William H Bond

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore County Md

Name of Medical Attendant,

or other Person who makes this Return

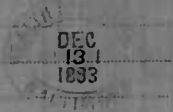
Mrs Elizabeth Sangs

Address,

136 Sterling St

Remarks,

Baltimore Mary Bond



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st

Female

White

Dec. 6th 1883

H. Vincent Infant Asylum

Bliss Brown

New Jersey

Sister of Charity

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 19946

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6 1887
4. Place of Birth, (Street and Number) 28. Randall st
5. Full Name of Mother Sarah Jones
6. Mother's Maiden Name. Roberts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Jones
9. Father's Occupation, Ship smith
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs Ann Nash
Address,
Remarks,

7947

DEC
19
1923

4

Chale

White

Dec. 6th 1883

Balto. N. Washington St No 12

Mary. Sturbin

Mr. Washburn

Bohemia

John Strubin

Chas.

Bohemian

or other Person who
makes this Return

Mary Bishop

69 N. Washington St

Mary Robinson

HUN. E. HUNT & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

69948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3) third

DEC
10
1922

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December 6-1883

4. Place of Birth, (Street and Number)

No. 7. Lorman st.

5. Full Name of Mother

Flora Bremner

6. Mother's Maiden Name,

Flora Henderson

7. Mother's Birthplace,

Scotland, Baltimore City

8. Full Name of Father,

Robert Bremner

9. Father's Occupation,

Plumber & Gas Fitter

10. Father's Birthplace,

Scotland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Kunigunde Schlifer

Address,

20 Columbia St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67949

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 6th 1883

4. Place of Birth (Street, and Number)

No 8 Edmondson Avenue

5. Full Name of Mother

Mary A Snyder

6. Mother's Maiden Name

Mary A. Turner

7. Mother's Birthplace

Calvert County Maryland

8. Full Name of Father

John William Snyder

9. Father's Occupation

Merchant

10. Father's Birthplace

Martinsburg West Virginia

Name of Medical Attendant, or other Person who makes this Return.

H B Bowie M D

Address

No 225 W Eulaw Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Dark*

3. Date of Birth *Even December 6th*

4. Place of Birth (Street and Number) *21, Hookhollins Street*

5. Full Name of Mother *Jarah Mafford*

6. Mother's Maiden Name *Jarah Dyer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Stephen Mafford*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Laurenica Mills*

Address *2061 Hookhollins Street*

Remarks

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up in the following manner:—The name of the child, the name of the mother, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In cases the certificate is not delivered, the attendance of a physician or a practitioner of midwifery, or the death of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 6th 1883

4. Place of Birth, (Street and Number)

No 370 Remond St.

5. Full Name of Mother,

Lenise Gunterman

6. Mother's Maiden Name,

Crab

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Gunterman

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. Schwaeser midwife

Address,

330 Remond St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d/ &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Sex
7/13
22
Lydia Walling
Cham
Baltimore
John A. Walling
Telegraph Operator
Baltimore City - Md

H. E. Francis
307 N. Lombard St

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall forward the same to the Registrar of Vital Statistics, under the order or authority of the Registrar, at the time and place specified on the schedule, and shall not forth, as far as the same can be ascertained, the full name of the mother, or her name, or any name shall have been conferred, its sex, color, the full name and occupation of its father, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar, and the said schedule shall be preserved in the office of the Registrar, in case the birth of any child shall occur without the attendance of a physician, or of a medical attendant, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner, and at the time, and place, and under the order or authority of the Registrar, and the said schedule shall be preserved in the office of the Registrar, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 7 1893*
4. Place of Birth, (Street and Number) *137 Eastern Ave*
5. Full Name of Mother, *Fanny Schmidt*
6. Mother's Maiden Name, *McGaul*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Anton Schmidt*
9. Father's Occupation, *Cheer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Kraft*
- Address, *236 Center St.*
- Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, and shall cause the same to be furnished by the Commissioner of Health, to the Registrar of Vital Statistics, at the time and place required by law. This schedule shall contain a list of the births which occur during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and month of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, the name of the mother, and the name of the father, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 7th. 1883*

4. Place of Birth, (Street and Number) *252 N. Central av.*

5. Full Name of Mother, *Kate Himmelheber*

6. Mother's Maiden Name, *Kate Steinman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred. Himmelheber*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return *M. J. Butt*

Address, *185 P.E. cor. Central av. cor. Monument St.*

Remarks, *ALL WEL*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 7th 1883*
4. Place of Birth, (Street and Number) *#115 E. Grand St.*
5. Full Name of Mother, *Mary Anne Beck*
6. Mother's Maiden Name, *Mary Anne Reed*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Ernest Monroe Beck*
9. Father's Occupation, *machinist*
10. Father's Birthplace, *Balto. Co.*
- Name of Medical Attendant, or other Person who makes this Return *Prof. Wm. J. Lardaufer, M.D.*
- Address, *1 Lardaufer, M.D.*
- Remarks.

SECTION 6. And so it further enacts and ordains, That every person bringing into the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, within the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, date of birth, the day and place of its birth, and the name of the mother, and the name of the father, and the name of the physician, and the name of the midwife, and the name of the nurse, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 7th

4. Place of Birth, (Street and Number) 319 Hamburg Street.

5. Full Name of Mother, Agnes Graefe.

6. Mother's Maiden Name, Agnes Fritschner

7. Mother's Birthplace, Osterode, Germany.

8. Full Name of Father, E. Herman Graefe

9. Father's Occupation, Piano maker.

10. Father's Birthplace, Langensalza, i Th. Germany.

Name of Medical Attendant, or other Person who makes this Return Miss Minch.

Address, Corner Wadenhall & Montgomery St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

17907
9th
female
white
Dec 7th
No 182 Cross St
Mary Koch
" Clark St
Baltimore
Eugene Koch
Grocer
Germany
J. O. Burch Ind
151 Hanover St

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 7th 83*
4. Place of Birth, (Street and Number) *556 W Fayette*
5. Full Name of Mother, *Minnie Thinsby*
6. Mother's Maiden Name, *Widerman*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Arbt. A. Thinsby*
9. Father's Occupation, *Builder*
10. Father's Birthplace, *Balt*
Name of Medical Attendant, or other Person who makes this Return *Thomas Opi*
Address, *179 N. Howard St*
Remarks,

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6/7/59

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
17
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th & 9th*
 1. Sex (state whether Male or Female) *Male & Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Dec 7th 1883*
 4. Place of Birth (Street and Number) *96 Fowles Lane*
 5. Full Name of Mother *Anna Ireland*
 6. Mother's Maiden Name *" Smith*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *John Ireland*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *O. A. Cooke M.D.*
 Address *210 Fort av*
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6796a

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
27
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 7th/93*
4. Place of Birth (Street and Number) *115. North Caroline St. City*
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Letitia Shore*
- Address. *115. North Caroline St. City*
- Remarks

Name of Parents unknown

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be licensed by the Board of Health, and shall enter the sum of a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, and the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section, and who shall be guilty of the crime of neglect, or of the crime of manslaughter, or of the crime of murder, and who shall be convicted thereof, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

DEC 15 1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December the 7th 1883

4. Place of Birth, (Street and Number)

66 Gough Street

5. Full Name of Mother,

Helena Cook Salmon

6. Mother's Maiden Name,

Helena Cook ~~Salmon~~ Hayes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Henry Salmon

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. H. H. H.

Address,

136 S. Caroline St.

Remarks,

77462

DEC
14
1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sick
Females

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

Dec 7-1883

4. *Place of Birth, (Street and Number)*

No 219. of Edgewood St.

5. *Full Name of Mother.*

Linnaea Heloufina

6. *Mother's Maiden Name.*

Lenora Ringrose

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Gas. M. Schenker

9. *Father's Occupation,*

Can make

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address. 256 11th Lenox st

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 7th 1883
4. Place of Birth, (Street and Number) No 20 W. Liberty
5. Full Name of Mother Mrs Emma Liddle
6. Mother's Maiden Name Emma Humickus
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Liddle
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. James A. Locky, M.D.
- Address 1182 Sonoma St.
- Remarks

of Baltimore, under whose charge or supervision the birth of every person practicing midwifery in the City of Baltimore, shall be registered, and the Registrar shall keep a true and correct record of the same. This certificate shall contain a list of the births which have occurred under his or her care, and shall be signed by him or her, and shall be filed in the office of the Registrar. The full name of each child at birth, the date and place of its birth, the sex, race, color, and occupation of its parents, the day and hour of its birth, and the name of the physician or midwife attending, shall be entered. In case the child is born dead, the cause of death shall be entered. It shall then become the duty of the Registrar to issue a certificate of birth, and to file the same in the office of the Registrar. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd and 3rd Child.*

1. Sex, (state whether male or female) *Boy and Girl Twins.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *1st of December 1883.*

4. Place of Birth, (Street and Number) *330 North Durham St.*

5. Full Name of Mother, *Hanna Ulrich.*

6. Mother's Maiden Name, *Hanna Schönajel.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *August Schönajel.*

9. Father's Occupation, *Shoe-maker.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Christina Kuntel.*

Address, *11 North Chapel St. for Christina Kuntel.*

Remarks, *Healthy.*

67965

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 2nd
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race) .. white
3. Date of Birth, Dec 7th 1883
4. Place of Birth, (Street and Number) 225 N. Mount St
5. Full Name of Mother, Helen Mary Moore
6. Mother's Maiden Name, Levering
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Scott Morton
9. Father's Occupation, Clerk. Bradstreet agency
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this return, Dr. Harry Lee M.D.
- Address, 201 Madison Avenue & Baltimore
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race) *Col'd*
 3. Date of Birth *December 7th*
 4. Place of Birth (Street and Number) *28 Josephine St.*
 5. Full Name of Mother *Frances E. Harris*
 6. Mother's Maiden Name *" "*
 7. Mother's Birthplace *Maryland*
 8. Full Name of Father *Thos. Chace*
 9. Father's Occupation *Trailer*
 10. Father's Birthplace *Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *Elvira Harris*
 Address *# 17 vine st.*
 Remarks *A very large child. With small pimple on the Back of the Head. A very healthy child at the present time.*

17966

H
69968
Alameda City

2

Girl.

White

7 Dec 1883

Balte. & Bond. it

No 294

Barbara Beron

B. Trichets

Bohemia

Chas. Tricket.

Laider

Bohemia

Marg. Popovich

A. Meeting the st

Mary Robin

TABLE 2. LIST A (C) CITY PRINTERS AND STATIONERS

Section 9.-And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a line for the name of the mother, a line for the name of the child, a line for the sex, color, the full name and occupation of its parents, the day and place of its birth, and the first and third day of such and every month to the nearest anniversary of its birth, between the first and third day of such and every month to the nearest anniversary of its birth, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 7 1885

4. Place of Birth, (Street and Number) 2128 Font ave

5. Full Name of Mother, Paulina Ullmann

6. Mother's Maiden Name, Paulina Kragh

7. Mother's Birthplace, Germany

8. Full Name of Father, Anton Ullmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catharine Horning

Address, 210 18 Byrd st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of the mother of such child or children."

RETURN OF A BIRTH

Spec

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
 Name of Child: *Francis Martin Bolat*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 7th 1883*
 4. Place of Birth, (Street and Number) *198 North Chester*
 5. Full Name of Mother, *Catherine Bolat*
 6. Mother's Maiden Name, *Catherine Quigley*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Fredk Bolat*
 9. Father's Occupation, *Strut River*
 10. Father's Birthplace, *Philadelphia*
 Name of Medical Attendant, or other Person who make this Return *Daniel V Moyer M.D.*
 Address, *192 Arquite St*
 Remarks, *City*

DEC
12
1883

11/1/25

timore City

Second Child

Little Girl. 121
1893

White Race

December 7th 1883

2.24 Hollins at Baltimore.

Mr. Bauman

Spiz Dalla Beech

Born in Baltimore County

Mr Charles Bauman

Bucher by Trade

Born in Westenberg, in Germany

Dear Father

or other Person who
makes this Return

1017 West Pratt rd city

1017 Wm. D. Hall rd city

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
13
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December 7th 1883*
4. Place of Birth (Street and Number) *Pharmacy Alley 103*
5. Full Name of Mother *Elizabeth Elkins*
6. Mother's Maiden Name
7. Mother's Birthplace *Elizandrie, Pa*
8. Full Name of Father *Harace Elkins*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Elizandrie Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Jones*
- Address *No 4 Wayne Street*
- Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

germs, etc.—And he is further enacted and ordained, That every person procuring admission into the City of Baltimore, under whose charter or superintendence a birth shall hereafter take place, shall keep a true and accurate register of such birth, and shall enter the same on a blank certificate to be furnished by the Commissioner of the Health, and shall send forth, as far as the same can be ascertained, the full names of each child of every name that shall have been performed, its sex, color, the full name and occupation of its parents, the day and month of its birth, and whether it was born at home or abroad, and the name of the physician, or of a midwife, or of a nurse, who attended, before and during its birth, and shall send the same to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the names of the parents shall be so entered as to be recoverable as their names and pedigrees are recoverable as a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Notice of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

or other Person who
makes this Return

Mrs. Anne Dwyer
60 North Schroeder St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchery, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17978

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 9 Dec
 4. Place of Birth (Street and Number) 486 Fort Ave
 5. Full Name of Mother Gene Marion
 6. Mother's Maiden Name Davis
 7. Mother's Birthplace Baltimore
 8. Full Name of Father James Joseph Sullivan
 9. Father's Occupation Car Driver
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Farnell
 Address 486 Fort Ave
 Remarks

SECTION 6.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he shall be bound to keep a true and correct register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full names of each child, the place of its birth, and the sex of the child, and the date of its birth, and the date of its delivery, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or person authorized by the Board of Health, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 8th 1887*

4. Place of Birth, (Street and Number) *100 Pennsylvania Ave*

5. Full Name of Mother, *Elizabeth Bergman*

6. Mother's Maiden Name, *Elizabeth Hachmann*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Bergman*

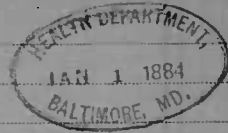
9. Father's Occupation, *Builder*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. H. Engel*

Address, *100 Pennsylvania Ave*

Remarks, _____



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

December 21st 1880

453 Mount St
Emilia M. Todd

Ida Emrich

Maryland

Wm. Todd

Carpenter

Maryland

A. C. Polo
No 1211 1st St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female not still born*

2. Race or Color, (if not of the white race) *African race*

3. Date of Birth, *December 8 1883*

4. Place of Birth, (Street and Number) *No 16 S Bethel St. Baltimore*

5. Full Name of Mother, *Ida S Hooper*

6. Mother's Maiden Name, *Ida S gibson*

7. Mother's Birthplace, *MD 170 S Spring St Baltimore*

8. Full Name of Father, *Wm W Hooper*

9. Father's Occupation, *Warrant in the U.S. service*

10. Father's Birthplace, *Eastern shore Dorchester Co M.d*

Name of Medical Attendant, or other Person who makes this Return *Mrs Morgan*

Address, *25 W 47th St Durham St Baltimore*

Remarks,

DEC 15 1883

NOTICE

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was received in the same
condition and microfilmed
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**Every effort was made to
assure legibility and com-
pleteness.**

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67712

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Cottol
3. Date of Birth Dec 1883
4. Place of Birth (Street and Number) run cent Alley
5. Full Name of Mother Maggie James
6. Mother's Maiden Name West mchard Va Maggie Holton
7. Mother's Birthplace
8. Full Name of Father William James
9. Father's Occupation water
10. Father's Birthplace Frederick City Maryland City
- Name of Medical Attendant, or other Person who makes this Return Dr. Bostley
- Address Jane Butte: 9 Carlton St
- Remarks Child and mother young well born in the place of my mother

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8 December

4. Place of Birth, (Street and Number) 111 Caroline

5. Full Name of Mother, Matilda Brown

6. Mother's Maiden Name, Moninger

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis W. Brown

9. Father's Occupation, Clerk

10. *Father's Birthplace,* *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sarah Cooper*

Address. 12. E. Lombard street

Remarks,

SECTION 18.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same until the expiration of the year during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parent, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *8 December*
4. Place of Birth, (Street and Number) *16 Concord*
5. Full Name of Mother, *Ellen Finn*
6. Mother's Maiden Name, *Lock*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Morris Finn*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address, *72 E. Lombard street*
- Remarks, _____

Н

Baltimore City

1st, 2d, 3d, &c.) 58 1717 Dr
to

522

W.H.H.

Sept. 10, 1881

23 North L. Chapel

Mary Tab.

Mary Marshall

Baltimore

Sam. I. Marchal

House carpenter

Lat. Chalk. Corn. 4

Cereus tinii, Kunth

North Chapel St per Justina Rankin

Health

JOHN D. FLETCHER & CO., CITY PRINTERS AND STATIONERS.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
10
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 8th '83 -

4. Place of Birth (Street and Number)

24 McCallister St

5. Full Name of Mother

Sophie S. Gray

6. Mother's Maiden Name

Piggott

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. Douglas Gray

9. Father's Occupation

Merchant

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Reft K Pindle M D

Address.

128 Madison St

Remarks

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the midwife or other person in attendance upon the birth, and shall contain the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the child should die, or be born dead, or be born so injured as to be incapable of surviving, the midwife or other person in attendance upon the birth, shall immediately therefor, if she then becomes the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person practicing midwifery who shall neglect to comply with the provisions of this section, shall be liable to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 8, 1883*

4. Place of Birth, (Street and Number) *Alie Ann St. 19216*

5. Full Name of Mother, *Virginia Heckmann*

6. Mother's Maiden Name, *Virginia Jerschmidt*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Heinrich Heckmann*

9. Father's Occupation, *Cigarren maker*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *W. Dallas St. 19216*

Remarks, _____

DEC
11
1883

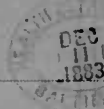
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 8th 1893*
4. Place of Birth (Street and Number) *264 Franklin St*
5. Full Name of Mother *Annie E. Egan*
6. Mother's Maiden Name *Annie Fisher*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Albert Egan*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Anna Prundel Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *He J. C. H. H. H. H.*
- Address *320 Penna Ave*
- Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Dec 9th 1883*
 4. Place of Birth (Street and Number) *144 Clifton Place*
 5. Full Name of Mother *Annie A. Bishop*
 6. Mother's Maiden Name *Annie A. Loane*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *W. Graham Bishop*
 9. Father's Occupation *Commission Merchant*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant or other person who makes the Return *Geo. B. Reynolds, M.D.*
 Address *171 W. Calvert St*
 Remarks

SECTORS 9. - And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up by the midwife, and shall be delivered to the Commissioner of Health, on or before the first day of the month following the month in which the birth took place. And the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the midwife, or other person, shall neglect or refuse to deliver the said schedule, or shall deliver the same without duly signing the same, or shall neglect or refuse to report the birth of such child to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the Board of Health may, in its discretion, require the payment of a fine of not more than five dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 17712

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 9th 1883

4. Place of Birth, (Street and Number) No. 9 Gough St.

5. Full Name of Mother, Mary Rebenowitz

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Rebenowitz

9. Father's Occupation, cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant,

or other Person who makes this Return

Address, 136 Lombard St.

Remarks,

SECTION 6.—And be it further enacted and intimated, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth, which shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the midwife or other person in charge of the birth, during the month, and shall set forth, as far as the same can be ascertained, the full name of the child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, in the form of a certificate between the first and third day of the month, and the name of the person who attended the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, he should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report its birth to the Board of Health, in the manner, and within the period above specified, and to sign the schedule, and to deliver the same to the Commissioner, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ¹¹⁴ 4th

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *December 7th 1887*
4. Place of Birth, (Street and Number) *No. 68 Orleans St. in Lewis*
5. Full Name of Mother, *Sarah May*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Leaac May*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. B. Bennett*

Address, *113 E. Lombard St.*

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 9, 1883*
4. Place of Birth, (Street and Number) *96 Burn St*
5. Full Name of Mother, *Katie Hindman*
6. Mother's Maiden Name, *Katie Wright*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Chas Hindman*
9. Father's Occupation, *Car Conductor*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *H B Stroh MD*
Address, *509 Waver Ave*
Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67998

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 9/83

4. Place of Birth (Street and Number)

10 Baker St

5. Full Name of Mother

Holland Bertha

6. Mother's Maiden Name

Elizabeth Barbie

7. Mother's Birthplace

Maryland

8. Full Name of Father

Jas Holland

9. Father's Occupation

Painter

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

A. C. Cole

Address

no 1 north ave

Remarks

SECTION 6. And be it further enacted and declared, That every person procuring midwifery in the City of Baltimore, or in any other place within the City, shall be and he is hereby required to keep a true and correct register of all births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as he or she is able to ascertain, the date of birth, the place of birth, the sex, the race or color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without its being known to the mother, immediately thereafter, it shall then become the duty of the practitioner to ascertain the date of birth, the place of birth, the sex, the race or color, the full name and occupation of its parents, and the date of its birth, and to enter the same on a blank schedule to be furnished by the Commissioner of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore or hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 December*
4. Place of Birth, (Street and Number) *Walt st. no 31*
5. Full Name of Mother, *Jeasaphine Gronnerberg*
6. Mother's Maiden Name, *Thier*
7. Mother's Birthplace, *Amstert Oldenberg*
8. Full Name of Father, *Michael Gronnerberg*
9. Father's Occupation, *shea machu*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Granner*
- Address, *216 W. 1st St.*
- Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file and deposit with the exact registrar of such birth, and shall enter the same on a blank schedule to be furnished for the Committee of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at the time of its birth, the date of its birth, the place of its birth, the name of the mother, the name of the certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense; to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 65000

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9th
4. Place of Birth, (Street and Number) 15 Valley Street
5. Full Name of Mother, Ellen Bailey
6. Mother's Maiden Name, Ellen Rattray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry N. Bailey
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Philadelphia Penn
- Name of Medical Attendant, or other Person who makes this Return Sena Hilliguis
- Address, 182 E Monument - 0
- Remarks, _____

Section 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person acting as a nurse, shall be and he or she shall be bound to file with the exact registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filed with the registrar of such birth, and shall be subject to the examination of any person who may be authorized by the Board of Health, and the full name and residence of the mother and of the father of each child, and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period herein required, except in the cases of the births and deaths of illegitimate children, and should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Board of Health, in the manner, and within the period herein required, to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 9th 1885*
4. Place of Birth, (Street and Number) *1006 Harrison St*
5. Full Name of Mother, *Shopea Wall*
6. Mother's Maiden Name, *Hanger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Wall*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *1012 Patterson Park*
- Remarks,

That any Physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1802

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth 9 of November
4. Place of Birth, (Street and Number) Henrietta Street 145
5. Full Name of Mother Elizabeth Johnson
6. Mother's Maiden Name Elizabeth Mayberry
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Johnson
9. Father's Occupation churchman
10. Father's Birthplace Cabaret county
- Name of Medical Attendant, or other Person who makes this Return. Robert James
- Address No 322 Hamburg st
- Remarks None

1113

Baltimore City.

63

Female

White

December 9th 1883

586 Canton Ave

Annex 11

Annie Lauer

W. Baltimore

Long killed

Present

Chicago
Ballantine

at 11.30. 11.30

(Faint handwritten notes)

Prattville

Account of a tour conducted in the City of Washington.

Section 6.—And he, if further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under the provisions of the Act in that behalf made, shall keep an exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January, as far as the same can be ascertained, the full name of each child, if any name shall have been assigned, the date of its birth, and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each month, to the Board of Health. In case the practitioner, or of a practitioner of midwifery, or a physician, or a practitioner of medicine, shall neglect to deliver the same, or shall deliver the same without duly of the parent or parents of such child to report his birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and shall refuse to comply with the provisions of this section, or shall fail to deliver the same, he shall be subject to a fine of ten dollars for each offense, to be recovered in either fine and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 2nd 1885*

4. Place of Birth, (Street and Number) *23 Hulls Lane*

5. Full Name of Mother, *Frances Bernhardt*

6. Mother's Maiden Name, *Frances Mann*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *William Bernhardt*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Harriet Jackson*

Address, *114 S. Front St*

Remarks, *Baltimore City*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: Charles William Grant Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 9th 1895

4. Place of Birth, (Street and Number)

475 Franklin St.

5. Full Name of Mother,

Ann E. Grant

6. Mother's Maiden Name,

" " " "

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Charles M. Grant

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Norman F. Hill M.D.

Address,

Cor. Baltimore & Fayette St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 9th 1883

4. Place of Birth, (Street and Number) Hamburg St. No. 50

5. Full Name of Mother, Kate Sinnott Rood

6. Mother's Maiden Name, Kate Sinnott

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Rood

9. Father's Occupation, Machinist

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No. 10. N. Y. St.

Remarks,

CERTIFICATE OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore-said within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

male

white

Dec 9th 1893

161 W Lombard Street

Sarah Wilson

Virginia

E. A. Macdonald M.D.

161 W Lombard

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 1898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th
male

white

Dec 9th 1893

161 W Lombard - Baltimore

Sarah Wilson

Virginia

E. H. Macdonald M.D.

161 W Lombard

COPYED RECORD OF VITAL STATISTICS IN 1898

"That any physician, accoucheur, midwife, or other person in charge, who shall be advised at the birth of any child, within the City of Baltimore, shall report to the registrar of health within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
12-1
1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Decided
Female
White

Dec 12th
Baltimore E. Monument St
Early Julia
Gustaf Loukey
German
William Dillen
G. Stches
German

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. O'Connor

Section 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and who, for any place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health, during the month, and shall set forth, as far as he same can be ascertained, the full name of each child, (if born of a married couple, the names of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the midwife, to the Board of Health, in case the certificate, between the first and third day of each and every month to the Board of Health, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or if any child shall be born, and shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, and that in case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

DEC
14
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 9 - 1883

4. Place of Birth, (Street and Number)

No 363 E. Eager St

5. Full Name of Mother,

Maggie M. Carroll

6. Mother's Maiden Name,

" " Miller

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George H. Carroll

9. Father's Occupation,

Cann. Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Munnell

Address, 286 N. Lenox St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

DEC
12
1883

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Dec 7 1883

4. Place of Birth, (Street and Number) 401 Addison Avenue

5. Full Name of Mother Catherine P. Brumby

6. Mother's Maiden Name Catherine P. Schumay

7. Mother's Birthplace Germany

8. Full Name of Father William Brumby

9. Father's Occupation Clerk

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller M.D.

Address 401 Addison Avenue

Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child

1. Sex, (state whether male or female)

Kernale

2. Race or Color, (if not of the white race)

colored

3. *Date of Birth.*

december 9th

4. *Place of Birth.* (Street and Number)

no / mont gomary

5. *Full Name of Mother.*

dolley, asth Tom

6. *Mother's Maiden Name,*

dolley grant

7. *Mother's Birthplace,*

Forker, County Va

8. *Full Name of Father,*

mac asth to m

9. *Father's Occupation,*

labor

10. *Father's Birthplace,*

north the mblen cont

Name of Medical Attendant,

or other Person who
makes this Return

Ms Lydia Porter

Address,

но и партсб армие

Remarks.

healthy child.

SECTION 6.—And be it further enacted and ordained That every person responsible in the City of Baltimore for the registration of births shall cause to be made and returned to the City of Baltimore a true and correct copy of the birth of every child born in the City of Baltimore, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the date, hour, day and place of its birth, and the full name and occupation of its parents, the day and place of its birth, and the date of its delivery, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the usual medical attendance, the parent or parents shall, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall neglect or omit to do any of the duties herein required, shall be liable to a fine of ten dollars for each offence, to be recovered as other taxes and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 9. 1893

4. Place of Birth, (Street and Number), N. Eden St. No. 26.

5. Full Name of Mother, Haggie Glaser

6. Mother's Maiden Name, Haggie Glaser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Glaser

9. Father's Occupation, Tavern Keeper

10. Father's Birthplace, Wollin, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, Harry E. Muller

Address, 4 Dallas St. No. 26.

Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
13
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 9/83*
4. Place of Birth (Street and Number) *132 Pearl St.*
5. Full Name of Mother *Maggie E. Griffith*
6. Mother's Maiden Name *Maynard*
7. Mother's Birthplace *Balton, Md.*
8. Full Name of Father *Harry M. Griffith*
9. Father's Occupation *Lumberman*
10. Father's Birthplace *Montgomery Co., Md.*
- Name of Medical Attendant, or other Person who makes this Return. *W. B. Rider*
- Address *175 N. Fremont St.*
- Remarks

Record of Vital Statistics in the City of Baltimore.

SECTION 4.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the proper officer of Health, in the following manner: That the said schedule shall be filled out by the midwife, her name, name of the child, sex, color, date of birth, place of birth, and the name of the mother, and shall be signed by the midwife, and the name of the child, sex, color, date of birth, place of birth, and the name of the mother, shall be entered on the said schedule, and the said schedule shall be delivered, duly signed by the midwife, to the proper officer of Health, within the period allowed by law, and the said officer of Health shall forward the same to the Registrar of Vital Statistics, who shall forward the same to the Board of Health, and the said Registrar of Vital Statistics shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian Race*

3. Date of Birth, *Dec 9, 1883*

4. Place of Birth, (Street and Number) *No 15 Spring St*

5. Full Name of Mother, *Julia Munkin*

6. Mother's Maiden Name, *Julia Johnson*

7. Mother's Birthplace, *Remond, Md*

8. Full Name of Father, *John Munkin*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Remond, Md*

Name of Medical Attendant, or other Person who makes this Return *Lucius H. H. H.*

Address, *130 Rogers St*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, seecouchout, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Hemore Gutman Straus*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 7, 1883*
 4. Place of Birth, (Street and Number) *206 Botten st.*
 5. Full Name of Mother, *Pauline Straus*
 6. Mother's Maiden Name, *" Gutman*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *William L. Straus*
 9. Father's Occupation, *Merchant*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *R. Williams*
 Address *201 Madison Ave*
 Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

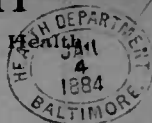
**Every effort was made to
assure legibility and com-
pleteness.**

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) -

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th. 1857

4. Place of Birth, (Street and Number) 68 Ann St.

5. Full Name of Mother, Maria Weber

6. Mother's Maiden Name, Maria Hubel

7. Mother's Birthplace, Germany

8. Full Name of Father, John Weber

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, W. V. Butt, or other Person who makes this Return

Address, 185 S.E. cor. Central av. & Monument St.

Remarks, Well

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, December 10th 1883
 4. Place of Birth, (Street and Number) 308 McKelderry st - Glendora
 5. Full Name of Mother, Mary Able
 6. Mother's Maiden Name, Fragened
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles Able
 9. Father's Occupation, Milk Dealer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, Wm. L. Russell or other Person who makes this Return
 Address, 238 N. Broadway
 Remarks, _____

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be required to make an exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the midwife or other person practicing midwifery, and shall be signed by any man who shall have been conferred, in sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner shall neglect to deliver such certificate, or shall deliver the same in an incorrect manner, he or she should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period now required, except in the cases of the birth and deaths of illegitimate children, and in such cases the parent or parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *74.*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *10 December*

4. Place of Birth, (Street and Number) *J. Green Street 176*

5. Full Name of Mother, *Emma Caroline Reipper*

6. Mother's Maiden Name, *Emma*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Ernst Reippermann*

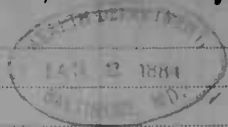
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return *Prof. Meier*

Address, *Lawrence St. 14*

Remarks,



Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a book or books, in which he or she shall enter a true and exact register of each birth, and shall enter thereon, a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the place of its birth, and the date of its birth, and the midwife shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or if the child shall be born dead, or if the mother shall die, or if the child shall die, or if the child shall be born within the period above required, except in the case of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . . . 9

1. Sex, (state whether male or female) . . . Male

2. Race or Color, (if not of the white race) . . .

3. Date of Birth, . . . 16 May of 1881

4. Place of Birth, (Street and Number) . . . 167 Maryland Street W. of Town

5. Full Name of Mother, . . . Catharine East

6. Mother's Maiden Name, . . . Catharine Welt

7. Mother's Birthplace, . . . Baltimore

8. Full Name of Father, . . . John East

9. Father's Occupation, . . . Restaurant

10. Father's Birthplace, . . . Germany

Name of Medical Attendant, or other Person who makes this Return . . . Dr. H. M. M. M.

Address, . . . 1 S. E. 1st St. N. Y.

Remarks, . . .

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. *Date of Birth*,

4. Place of Birth, (Street and Number) High st no. 1

5. Full Name of Mother, *Bessie Chadell*

6. Mother's Maiden Name, Tamm

7. Mother's Birthplace, Blimant Island

8. Full Name of Father, Frank Modell

9. Father's Occupation. stone smith

10. Father's Birthplace: Trint. Terrall

Name of Medical Attendant, or other Person who makes this Return Mrs. Masses

Address.

Remarks. _____

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And he if further enacted and enjoined, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on the subject of vital statistics, and shall not furnish so far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to be called upon without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalty hereinafter provided, and the said practitioner shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 10. 1883
 4. Place of Birth, (Street and Number) 154 Division St
 5. Full Name of Mother, Katie Horn
 6. Mother's Maiden Name, Katie Clark
 7. Mother's Birthplace, City
 8. Full Name of Father, Francis Horn
 9. Father's Occupation, Commission agent
 10. Father's Birthplace, N. Y. Ship.
 Name of Medical Attendant, A. A. Woodward or other Person who makes this Return
 Address,
 Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

21/11/19

Edwards

St. Louis, Mo.

December 10th 1913

206 Александр Н.

best place is -

Mr. Elizabeth Yates

Baltimore City

Over the top.

Calder

13 settembre 1914

John L. - 15.50

No 65 - under 100

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

any place of his birth, certificate, between the parents, or between the mother and father, or between the mother and any other person, to in at instance given the mother, immediately before the birth of the child, in the manner, and within the period above required, except in the cases of illegitimate children, and any female who, within the period above required, has been convicted of an offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10th 1893
4. Place of Birth, (Street and Number) 175 Stating Street
5. Full Name of Mother, Maggie Speng
6. Mother's Maiden Name, Maggie Reddihore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Speng Jr.
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Philadelphia Pa
- Name of Medical Attendant, or other Person who makes this Return, H. H. Hillegeist
- Address, 182 E. Monument St
- Remarks,

RETURN OF A BIRTH

1903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Age of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
Sex, (state whether male or female) girl
Color, (if not of the white race) Colored
Birth, Dec 10th
Birth, (Street and Number) Baltimore 172 D Street
Name of Mother, Caroline Holliday
Maiden Name, Proctor
Birthplace, Baltimore
Name of Father, John H Holliday
Occupation, Barber
Birthplace, Baltimore
Medical Attendant, or other Person who makes this Return Lucy Snelmen
No. 1 Palapoco ave.

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 the

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) ... *White*

3. Date of Birth. December 10th 1885

4. *Place of Birth.* (Street and Number) 75 Auburn Ave

5. Full Name of Mother, Grace E. Northland

6. Mother's Maiden Name, Whitely

7. Mother's Birthplace, Dallas City, Tex.

8. Full Name of Father, *John C. McDevitt*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, ... *Dallas County* ...

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address. 21 No. Karswellton St

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18034

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10th of December*
4. Place of Birth, (Street and Number) *92 Mc-Elderry St*
5. Full Name of Mother, *Julia Rucker*
6. Mother's Maiden Name, *Julia Shipley*
7. Mother's Birthplace, *Howard County*
8. Full Name of Father, *Charles Rucker*
9. Father's Occupation, *Gross finisher*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mary Walter*
- Address, *125 Caroline St*
- Remarks,

sections 6.—And if they were enacted and ordained. That every person practicing infidelity in the CHURCH of Baptists, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be bound to furnish the same to the authorities of the County, at the expiration of every year. This schedule shall contain a list of the births which shall have occurred during the year, and shall be numbered in the month, and shall be forth as for the same can be ascertained. The full name of each child of every age, sex, and birth, and the full name and occupation of the parents, the day and month of the birth, and the self-sustaining done by each child every month to the Board of Health, in case of death, between the first and third day of each and every month to the Board of Health, in case of death, of any child shall occur during the attendance of a physician, or of a practitioner of midwifery, for the delivery of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period before specified, except in the cases of the births and deaths of illegitimate children, and a list of ten dollars for each name, to be recovered as other fines and penalties are recoverable.

7185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Record of Vital Statistics in the City of Baltimore.

SECTION 6. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under any title, shall, before he or she enters upon a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any race or color, the sex, the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, to the Commissioner of Health, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, for whom a certificate is required, the birth of such child shall be reported to the Board of Health, in the manner, and within the period above required, except in the cases of such child to report its birth to the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1883 36

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 10th 1883*

4. Place of Birth, (Street and Number) *No. 273 Cross St*

5. Full Name of Mother, *Lavinia Fletcher*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Fletcher*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *J. Schwasser midwife*

Address, *330 Howard St*

Remarks,

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Chale

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

Dec 10th 1893

4. *Place of Birth, (Street and Number)*

No. 36 Laidenball H-

5. *Full Name of Mother,*

Wilhelmine Lander

6. *Mother's Maiden Name.*

Sharp

7. *Mother's Birthplace,*

Germanus

8. *Full Name of Father,*

Henry Hunter

9. *Father's Occupation,*

1. ligamenter

10. *Father's Birthplace,*

Germany

Name of Medical Attendant,

or other Person who
makes this Return

of Leucanthemum midwife

Address.

330 Banquet St

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *85038*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 10th 83 12 M.*

4. Place of Birth, (Street and Number) *Lambale St. E to*

5. Full Name of Mother, *Heather E Miller*

6. Mother's Maiden Name, *Nattie E Shields*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Chas. D. Miller*

9. Father's Occupation, *Miller - Instrumentary*

10. Father's Birthplace, *Calverton - Balt Co.*

Name of Medical Attendant, or other Person who makes this Return *A. H. Hartman, M.D.*

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of every birth, and shall enter the same on a blank schedule to be furnished by the Committee on Vital Statistics, and shall file the same with the Registrar of Vital Statistics, within the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date and hour of its delivery, and shall also enter the name of the practitioner of midwifery, as soon as the birth of the child shall occur without the attendance of a physician, or of a practitioner of midwifery, as should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report in writing to the Registrar of Vital Statistics, in the manner and to the effect herein provided, the name of the child, its sex, color, the day and hour of its birth, the name of the practitioner of midwifery, and the name of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 10th 1883*

4. Place of Birth, (Street and Number) *# 83 North Epple street*

5. Full Name of Mother, *Emma H. Hall*

6. Mother's Maiden Name, *Emma W. Walker*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Albert H. Hall*

9. Father's Occupation, *Car maker*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return *Hand Holmgren*

Address, *182 East Monument st.*

Remarks,

DEC 13 1883

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

G. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. H. CHRISTIAN, M. D.
411 Park Ave. Cor. White

Record of Vital Statistics in the City of Baltimore.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth shall have occurred, under the name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, and the name of the hospital, or of the place where the birth took place, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 10th 1883

4. Place of Birth, (Street and Number)

325 1/2 Penn. Ave.

5. Full Name of Mother,

Mary Francis Winters

6. Mother's Maiden Name,

Kennedy

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Austin Winters

9. Father's Occupation,

Conductor B. & O. P. R. W.

10. Father's Birthplace,

Carroll Co. Md.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

J. H. CHRISTIAN M. D.
431 Penn. Av. Cor. Wilson

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18042

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10th / 84
4. Place of Birth, (Street and Number) No 42 E Pratt St,
5. Full Name of Mother, Theresa Bohn
6. Mother's Maiden Name, Living
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Bohn
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Dr. H. C. Simon
- Address, No 70 Franklin St.
- Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 11/7/883*

4. Place of Birth, (Street and Number) *# 5 - Waverly Terrace*

5. Full Name of Mother, *Josephine E. Traite*

6. Mother's Maiden Name, *Summell*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Paul R. Traite*

9. Father's Occupation, *Shipbuilder*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

Geo B. Leph
1 Waverly Terrace

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1804/5

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 11th*
4. Place of Birth, (Street and Number) *No 40 Cole St Balto. Md*
5. Full Name of Mother, *Matilda Jane Bradley*
6. Mother's Maiden Name, *Houck*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Harry Blake Bradley*
9. Father's Occupation, *Carriage Painter*
10. Father's Birthplace, *Washington D.C*
- Name of Medical Attendant, or other Person who make this Return *Dr. [illegible]*
- Address, *No 827 1/2 Lombard St*
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

Record of Vital Statistics in the City of Baltimore.

SECTION 4.—And to it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of the births occurring during the month, and shall set forth, as far as the same can be ascertained, the full name of such child at the time of its birth, the date of its birth, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, or in any place other than the place of its birth, the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall violate any provision of this act shall be liable to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, December 11th 1883

4. Place of Birth, (Street and Number) 472 E. Eager St

5. Full Name of Mother, Almira Alice Hepburn

6. Mother's Maiden Name, " " Hall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David M. Hepburn

9. Father's Occupation, Carpenter

10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this return Mrs. L. Russell

Address, No 238 W Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ... *♂*

2. Race or Color, (if not of the white race) Irish American white

3. Date of Birth: 11 December, 1884

4. Place of Birth, (Street and Number) ... 34 St Albans Street

5. Full Name of Mother, *Francis B. Bick*

6. Mother's Maiden Name, Leahman

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Nirre Noeller*

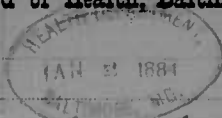
9. *Father's Occupation.* *slxc.*

10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.



[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *11 December*
4. Place of Birth, (Street and Number) *9 Ambrose Street*
5. Full Name of Mother, *Marie Anna Schlotth*
6. Mother's Maiden Name, *K. A. Pfennig*
7. Mother's Birthplace, *Schlott Prussia*
8. Full Name of Father, *John A. Schlotth*
9. Father's Occupation,
10. Father's Birthplace, *Julia Schveden.*
Name of Medical Attendant, or other Person who makes this Return *Anna K. Cox*
Address, *239 E. Eagle Street.*
Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of every birth, as well as of every death, which shall be required to be returned under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name that has been conferred, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the time of its birth, the place of its birth, the name of the physician, in the case of the birth of any child that occurs without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so practicing midwifery, to cause the same to be recorded in the manner and to the effect herein provided, and within the period above required, except in the case of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) 7 Males

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 15 1883

4. Place of Birth, (Street and Number) Gilmore st 197

5. Full Name of Mother, Addine Bell

6. Mother's Maiden Name, Addine Hale

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Shalmer Hale

9. Father's Occupation, Carpenter

10. Father's Birthplace, Sumner st CO

Name of Medical Attendant, or other Person who makes this Return Mrs J. Bell

Address, 10797 Pratt st

Remarks,

correct Record of the Board of Health to secure a full and

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11th December 1883*
4. Place of Birth, (Street and Number) *11 Harlem Ave.*
5. Full Name of Mother, *Marionetta ~~Swindell~~ ^{Myer}*
6. Mother's Maiden Name, *Swindell*
7. Mother's Birthplace, *New Jersey*
8. Full Name of Father, *Wm. B. Myer*
9. Father's Occupation, *Wholesale-Grocer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Thomas Opie M.D.*
- Address *179 N. Howard St.*
- Remarks.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68052

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December the 11th - 1883

4. Place of Birth (Street and Number) No. 13 Harrison & Clay Canton

5. Full Name of Mother Mary ~~Edwards~~ Mary Patton

6. Mother's Maiden Name Mary Curtis

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Patton

9. Father's Occupation Seaboard

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thos. E. Ball

Address No. 171 South Charles St.

Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be furnished by the Commissioner of Health, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report the same to the Registrar of Births and Deaths, in the manner, and within the period, and under the penalty, hereinafter provided, except in the case of illegitimate births, and of persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 11th 1883

4. Place of Birth, (Street and Number) # 99 Madison Street

5. Full Name of Mother, Maggie Childs

6. Mother's Maiden Name, Maggie Andrews

7. Mother's Birthplace, Balto. Ind.

8. Full Name of Father, James W. Childs

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Spencer H. Gilligan

Address, 182. E. Monument Street

Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female)..... Male
 2. Race or Color, (if not of the white race)..... White
 3. Date of Birth,..... Dec 11th 1881
 4. Place of Birth, (Street and Number)..... 29 Streett st. Ally
 5. Full Name of Mother, ..: Mary L. Semont
 6. Mother's Maiden Name, Mary L. Clazey
 7. Mother's Birthplace, Balto. Ind.
 8. Full Name of Father, Jacob Semont
 9. Father's Occupation, Labor
 10. Father's Birthplace, Balto. Ind.
 Name of Medical Attendant, or other Person who makes this Return, Mary E. Bentley
 Address, 18 Columbia, av.
 Remarks, Child living

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third one Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 11th 83*
 4. Place of Birth, (Street and Number) *# 390 W Fayette St*
 5. Full Name of Mother, *Mrs M. J. Willard*
 6. Mother's Maiden Name, *Mrs F. Mullin*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Mark J. Willard*
 9. Father's Occupation, *Upshaltering*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Hunter*
 Address, *21 No Poppleton St*
 Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) Third
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 11-1883
4. Place of Birth, (Street and Number) N. 630 - west Baltimore St
5. Full Name of Mother, Amelia Hagemeyer
6. Mother's Maiden Name, Amelia Fahrenbruch
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Henry W. Hagemeyer
9. Father's Occupation, Cigarren maker
10. Father's Birthplace, Richmond Va.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer
- Address, 20 Columbia St.
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Norman Percy Foster

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11/83

4. Place of Birth, (Street and Number)

1 Hopkins Ave

5. Full Name of Mother,

Louisa F Foster

6. Mother's Maiden Name,

Hewcott

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Percy S. Foster

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address.

179 N. Howard St

Remarks.

GIVEN NAME ADDED

1-6-84

h.m.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
24
1889

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 9
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... white
3. Date of Birth, 11th Dec
4. Place of Birth, (Street and Number) Baltimore Bazaar St. Southwicks
5. Full Name of Mother, Emma Boggs
6. Mother's Maiden Name, Emma Mahan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Boggs
9. Father's Occupation, Gas Liner
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Brown
- Address, 426 G. Chester St. near Chelms St.
- Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

1886 1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 11th 1883

4. Place of Birth, (Street and Number)

173 W Biddle St

5. Full Name of Mother,

Lizzie Stanley
Butler

6. Mother's Maiden Name,

7. Mother's Birthplace,

Washington DC

8. Full Name of Father,

Robert A Stanley

9. Father's Occupation,

Oyster Dealer

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return

Lucy Cornish

Address,

15 Garden ally

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,* . . .

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person, who makes this Return

Address. 256 W. Donagh St

Remarks.

Fourth
Female

DEC
14
1983

Dec 11 - 1953

1045-12 Eden St

Sophia Stallings

" Please

Ballo

Wm C. Stallings

Maine

...Balt.

Henry at Alameda

or other Person who
makes this Return

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, December 11, 1883

4. Place of Birth, (Street and Number) No. 137 N. Bond St. N. Y. C.

5. Full Name of Mother, *Helena Maurmann*

6. Mother's Maiden Name, Helena Vezdek

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Naumann

9. Father's Occupation, *Cake Baker*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return

Address... No. 5 Walker St. Gallo: Mo.

Remarks, _____

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

SECTION 4.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same in the office of the Registrar of Vital Statistics during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, its full name and occupation of its parents, the day and place of its birth, and the day and schedule of its burial, and shall forward every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Registrar of Vital Statistics the day and place of birth of the parent or parents who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd
Female
White
Dec 11th 1893
108 West St.
Maria C. Villanov
" " Hoffert
Prima
Henry H. Villanov
Tailor
Richmond Va.
Theodore Cooke
146 W. Madison St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18064

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Dec 11th 1888*
4. Place of Birth, (Street and Number) *No 72 Moores Alley Baltimore Md*
5. Full Name of Mother, *Lizzie A Brown*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Alexandria Va*
8. Full Name of Father, *George Coleman*
9. Father's Occupation, *Porter in a provision store*
10. Father's Birthplace, *Baltimore M D*
- Name of Medical Attendant, or other person who makes this Return *Selester Cook*
- Address, *No 36 Moores Alley*
- Remarks, _____

RECORDS OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be bound to exact the name of each birth, and shall enter the same on a blank schedule to be furnished by the Committee during the month, and shall not forthwith forward the same to the Registrar of Vital Statistics, and any name shall have been conferred, its sex, color, the full name and date of birth, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form and manner prescribed by the Board of Health. In case the practitioner is a physician, or of a practitioner of midwifery, or a person who has become the holder of the license of a practitioner of midwifery, in the City of Baltimore, and in the case of the birth of illegitimate children, and in any case in which the mother is not accompanied by her husband, the practitioner shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, December 11, 1883

4. Place of Birth, (Street and Number) 130 Regester St

5. Full Name of Mother, Mary White

6. Mother's Maiden Name, Mary James

7. Mother's Birthplace, Annapondel

8. Full Name of Father, John White

9. Father's Occupation, Labor

10. Father's Birthplace, Balti

Name of Medical Attendant, or other Person who makes this Return

Address, 130 Regester St

Remarks,

S. Lucinda Woodford

DEC
13
1883

SECTION 6.—And he further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, during the first month after the birth, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the sex, color, date of birth, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, to the Registrar of Vital Statistics, who shall file the same in the office of the Registrar of Vital Statistics, and the said schedule shall be preserved without the attendance of a physician, or of a practitioner of midwifery, or of any other person, in the office of the Registrar of Vital Statistics, and shall be subject to the duty of the Registrar of Vital Statistics to report its birth to the Board of Health, in the manner, and at the time, and in the form, and by the means, and under the penalties, and subject to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1886
DEC 13
2nd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

december 11th

4. Place of Birth, (Street and Number)

203 wayne st

5. Full Name of Mother,

martha sarks

6. Mother's Maiden Name,

martha hollow

7. Mother's Birthplace,

annae bunde county

8. Full Name of Father,

lewis sarks

9. Father's Occupation,

labour

10. Father's Birthplace,

north thurblen va

Name of Medical Attendant, or other Person who makes this Return

mrs Lydia Porter

Address,

no 4 hapsco avenue

Remarks,

healthy child

SECTION 8.—And he is further enacted and contained that every person practicing midwifery in the City of Baltimore, whether male or female, shall be and he is hereby required to keep a true and correct register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as he or she can ascertain, the name of the mother, the day and place of its birth, and the date when it was delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the midwife or other person who may be present at the birth, shall be and he is hereby required to report the birth of the infant or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11, 1883

4. Place of Birth, (Street and Number)

Full St. No 2 Balt. Md.

5. Full Name of Mother,

Mrs. Kate Hoffmann

6. Mother's Maiden Name,

Kate (Dunneff)

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Hoffmann

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

15068

DEC
13
1993

Remarks: *Healthy*

JOHN F. FINE & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver any child, within the City of Baltimore, shall report to the registrar aforesaid, in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the ~~white~~ race) *Colored*
3. Date of Birth *Dec 11 1883*
4. Place of Birth (Street and Number) *N 35 Lenox St Baltimore Md*
5. Full Name of Mother *Annanria Paterson Williams*
6. Mother's Maiden Name *Annanria Paterson*
7. Mother's Birthplace *Baltimore City Md*
8. Full Name of Father *John Williams*
9. Father's Occupation *A. Laborer*
10. Father's Birthplace *Baltimore County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Webb Md*
- Address *N 36 Davis St*
- Remarks *No*

[illegible]

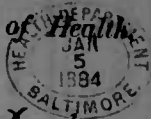
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JOURNAL OF THE FBI & STATE CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

RETURN OF A BIRTH, 1891

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first of 2*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *December 12th*
4. Place of Birth, (Street and Number) *Gould Lane #4*
5. Full Name of Mother *Lena Sweeney*
6. Mother's Maiden Name *Lena McCormell*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Sweeney*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return. *Elizabeth Linneman Mid. Wife*
- Address _____
- Remarks *Mother and child doing well*
number 10 Banner street

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, or who claims to be a midwife, shall receive a license for the practice of his or her profession, and shall be liable to be examined by the Board of Health, and shall be subject to the provisions of this section. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, or who claims to be a midwife, shall receive a license for the practice of his or her profession, and shall be liable to be examined by the Board of Health, and shall be subject to the provisions of this section. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, or who claims to be a midwife, shall receive a license for the practice of his or her profession, and shall be liable to be examined by the Board of Health, and shall be subject to the provisions of this section.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 it male

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) Color

3. Date of Birth, The 12 of Dec

4. Place of Birth, (Street and Number) 25-6 Hamburg St

5. Full Name of Mother, Lucia Taylor

6. Mother's Maiden Name, Lucia Taylor

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Robert Taylor

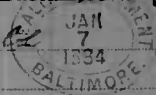
9. Father's Occupation, Master

10. Father's Birthplace, San Charles Co Md

Name of Medical Attendant, or other Person who makes this Return Chas Wm Taylor

Address, 94 N. 2nd St

Remarks, _____



SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person who has charge of a child, shall, at the time of the birth of a child, make and file an exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if of legal age, the date of its birth, the place of its birth, and the date of its delivery, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person who has charge of a child, the birth of such child shall be reported to the Board of Health, within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12 Dec. 1883*

4. Place of Birth, (Street and Number) *Baltimore Saratoga St*

5. Full Name of Mother, *Kate Caspare*

6. Mother's Maiden Name, *Kate Baruch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank C Caspare*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Isaac D. D. D.*

Address, *60 North Shroad St.*

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68074

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth

12th of December

4. Place of Birth (Street and Number)

Butler's Alley No. 2

5. Full Name of Mother

Lucy Riley

6. Mother's Maiden Name

7. Mother's Birthplace

Cambridge

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mary Mahel

Address

No. 142 York street

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12

4. Place of Birth, (Street and Number)

1014 Vinson St

5. Full Name of Mother,

Mina Schell

6. Mother's Maiden Name,

Schmid

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Schell

9. Father's Occupation,

Machineist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

L. Dummer

Address,

10827 W. Lombard St

Remarks,

SECTION 8. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose care and management a birth shall occur, shall be and is hereby required to file with the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its race, its date of birth, the name of the mother, the name of the father, the place of birth, and the date of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of an infant shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person authorized by law to practice midwifery, the parent or parents of such child shall be required to file with the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1111* 2nd

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *12th Dec*

4. Place of Birth, (Street and Number) *20 Woodward St. Baltimore*

5. Full Name of Mother, *Mrs Amelia Percy*

6. Mother's Maiden Name, *Amelia Kern*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Henry Percy*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bognor England*

Name of Medical Attendant, (or other Person who makes this Return) *Prof. Minns*

Address, *1 Lawrence St. Baltimore*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12th 1893

4. Place of Birth, (Street and Number)

170 Hughes St

5. Full Name of Mother,

Elizabeth Cook

6. Mother's Maiden Name,

Elizabeth Lacy

7. Mother's Birthplace,

England

8. Full Name of Father,

Roland Lacy

9. Father's Occupation,

Life Insurance Agent

10. Father's Birthplace,

England

Name of Medical Attendant,

or other Person who makes this Return

Z. H. Wiley M.D.

Address,

195 West Lombard St

Remarks,

DEC 12 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise or
advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 12 - 1883

4. Place of Birth, (Street and Number)

21 Cornmet St

5. Full Name of Mother,

Amalia Schmidt

6. Mother's Maiden Name,

Brandt

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Adam Schmidt

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who
makes this Return

Mary Stein

Address,

151 E. Pratt St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 13th

4. Place of Birth, (Street and Number)

16 Russell St

5. Full Name of Mother,

Amelia Seindell

6. Mother's Maiden Name,

" Koffenberger

7. Mother's Birthplace,

City

8. Full Name of Father,

Richard Seindell

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

Irish

Name of Medical Attendant, or other Person who makes this Return

J. O. Burdett

Address,

151 Hanover St

Remarks,

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge a birth shall occur, shall be bound to file and deliver to the Registrar of Health, a true and correct copy of a birth certificate, in the form and to the effect following, to be filled out by the midwife or other person who shall be present at the birth, and who shall be sworn to by the Registrar of Health. This certificate shall contain a list of the births which have occurred under his or her care, and shall be filed in the office of the Registrar of Health, and shall be subject to the inspection of the Board of Health. In case the name of the mother or father of a child shall not be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, full date of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Health, and the said certificate shall be a full and complete receipt for the same. In case the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and under the penalty, prescribed by the Board of Health, shall fail to do so, or shall fail to pay the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and under the penalty, prescribed by the Board of Health, the Registrar of Health shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 12th* *1883*
4. Place of Birth, (Street and Number) *No 22 South Bond St*
5. Full Name of Mother, *Martha Jane Towbe*
6. Mother's Maiden Name, *Martha Jane Ghard*
7. Mother's Birthplace, *Anne Arundel Co. Md*
8. Full Name of Father, *Richard Francis Towbe*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Anne Arundel Co. Md*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Parkson Parkman*
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68083

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 12. 83*
4. Place of Birth (Street and Number) *# 222 Congress St*
5. Full Name of Mother *Elizabeth Perry*
6. Mother's Maiden Name *Elizabeth Ash*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Wm H. Perry*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *J. Tyler Smith M.D.*
- Address *167 Barr St*
- Remarks

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, on a blank schedule to be furnished by the Commission-
 er of Health. This schedule shall contain the name of the mother, the name of the child, the date of the birth, the sex, the color, the full name of the parents, the day and the month, and the place of birth, and the occupation of the mother, and the name of the physician, and the name of the midwife, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Children*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 12 1883*
 4. Place of Birth, (Street and Number) *Baltimore Arlington av. 102*
 5. Full Name of Mother, *Carrie Stahl*
 6. Mother's Maiden Name, *Carrie Kiser*
 7. Mother's Birthplace, *Baltimore City M. D.*
 8. Full Name of Father, *Charles Stahl*
 9. Father's Occupation, *Bricklayer*
 10. Father's Birthplace, *Baltimore City M. D.*
 Name of Medical Attendant, or other Person who makes this Return *Susan Hunter*
 Address, *21 No Pappellton St*
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Dec. 12th 1883

4. Place of Birth, (Street and Number)

3 N. Spring St

5. Full Name of Mother,

Mary Johnson

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Wilmington, Del.

8. Full Name of Father,

Benj Johnson

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Beltz, Md.

Name of Medical Attendant,

or other Person who makes this Return

W. B. Billingsley

Address,

206 E. Pringle St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colord*
3. Date of Birth, *December 12th 1883*
4. Place of Birth, (Street and Number) *252 West street*
5. Full Name of Mother, *Lucy Butler*
6. Mother's Maiden Name, *Lucy Mason*
7. Mother's Birthplace, *Eastern shore Virginia*
8. Full Name of Father, *William Butler*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Annapolis*
Name of Medical Attendant, or other Person who makes this Return *Mary Ann Dorsey*
Address, *64 E. Bay lane*
Remarks, *five dollars*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be required to be furnished by the Comma-
 ander of Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth, as far as the same can be ascertained, the full names of each child at
 any name which may have been conferred; its sex, color, the full name and occupation of its mother, the day and
 certificate, between the first and third day of each and every month, to the proper officer of health, in the form of a
 birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
 of a mother person to be at a conveyance upon the mother, immediately thereafter, it shall then become the
 duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Worth (3.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12th 1883

4. Place of Birth, (Street and Number)

No 93. Barnes St.

5. Full Name of Mother,

Charles Barth

6. Mother's Maiden Name,

Nichy

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Carl Barth

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Josephina Kimmel

Address,

No 20. Barnes St.

Remarks,

Devins

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall contain a list of the items which have occurred under his or her care, and shall be filled out by the midwife, and shall be filed in the office of the Commissioner of Health, and any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the father and third party of each and every month, to the Board of Health. In case the birth of a child shall occur to a person who is not a practitioner, the said schedule shall be filled out by the person who should so other person be in at delivery upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and within the period now required, except in the cases of still births and deaths of illegitimate children, and in such cases the said schedule shall be filled out by the person who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12th 1883

4. Place of Birth, (Street and Number)

No 93 Thames St

5. Full Name of Mother,

Marie Barth

6. Mother's Maiden Name,

Tychy

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Carl Barth

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Josephine Kourad

Address,

No 20. Barnes St

Remarks,

Living

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
15
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12, 1893
4. Place of Birth, (Street and Number) 27 E. Ross St
5. Full Name of Mother Mary East
6. Mother's Maiden Name, " P. Tottenhast
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles East
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Ann Nash
- Address,
- Remarks,

8509/

timore City.

12

12.2222

December 12, 1883

Ms. 134, Orleans St. Coll.

Mary Wheeler

Harold S. Hild

Germany

Herrmann Schreiber

heraus

1871

or other Person who
makes this Return

place, *Germany*
or other Person who *Caroline Miller*
makes this Return
No. 5 Walker St. Balto. Md.

Ans. Number of Books = 100

W. P. EBY & CO., CITY PRINTERS AND STATIONERS.

SECTION 6. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under any name or appellation, who is not a duly licensed midwife, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the year, and shall be signed by the midwife, and shall be delivered to the Commissioner of Health at the place of its birth, and this said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, or to the birth of any child, and shall be in substance upon the within, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of those births, and deaths of persons, which shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 18072

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 12th 1883

4. Place of Birth, (Street and Number)

32 Williamsburg St

5. Full Name of Mother,

Emma O'Dell

6. Mother's Maiden Name,

" Taylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John S. O'Dell

9. Father's Occupation,

Brick Excavator

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Frederick Coke R. R.

Address,

146 Hanover St

Remarks,

7509-3

timore City.

JOHN B. MITCHELL & CO., (INC.) PRINTERS AND STATIONERS.

101

Wald

Office

Dec 12th 1883

532 Right 8

Wm. E. Miller

" " Jones
B. H. Jones

Waltham
Jno. O. Phillips

Carl Hunter

Altamora

Mr. Cooke

or other Person who
makes this Return

146 Harvey, Hor

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics; Board of Health,
BALTIMORE CITY.

68094

DEC
13
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 12th 1883*
4. Place of Birth (Street and Number) *W. Fair Station Ave. S. Lexington*
5. Full Name of Mother *E. R. Clark*
6. Mother's Maiden Name *E. R. Dobson*
7. Mother's Birthplace *Lynchburg Va.*
8. Full Name of Father *James Clark*
9. Father's Occupation *Cattle Dealer*
10. Father's Birthplace *Howard Co. Maryland*
- Name of Medical Attendant, or other Person who make this Return. *J. C. Johnson M.D.*
- Address *241 N. Campbell*
- Remarks

RETURN OF A BIRTH 68096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *9d*
1. Sex, (state whether male or female) *F*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *Dec 12 1883*
4. Place of Birth, (Street and Number) *233 Saratoga St*
5. Full Name of Mother, *Lily Sprigg*
6. Mother's Maiden Name, *Lily Lee Gowan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *S. S. Sprigg*
9. Father's Occupation, *Telegraph Operator*
10. Father's Birthplace, *Fredrick Wg. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Richard M. Sherry M.D.*
- Address, *189 N. Howard St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

68097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 12 1883*
4. Place of Birth, (Street and Number) *191 S Carolina St*
5. Full Name of Mother, *Rebecca Stora*
6. Mother's Maiden Name, *Rebecca Linders*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Henry Stora*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Thomas*
- Address, *143 S Clark*
- Remarks,

75078

10/10/1944

12

- 1912

Mrs. C. Bevan

4.

W. F. FINE & CO., CITY PRINTERS AND STATIONERS,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 13th. 1883
4. Place of Birth, (Street and Number) 36 Edward St.
5. Full Name of Mother, Agnes Maddicks
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Harford County
8. Full Name of Father, Daniel Maddicks
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return H. V. Butt.
Address, No 185 S.E. cor. Central av. Monument St.
Remarks, All well

[illegible]

11/1/50

- 12条

Male
White

While

December 13th

NR cor of Aisquith & Engle

Mary Theresa Ohlendorf

Mary Theresa Eschbach

1 Baltimore
Lambert Island

Joseph C. Ollendorf.

Pharmacist

Germany
Luna

Anna Keller

2306, Eager. 11

2306, Eager. 11

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) White

3. Date of Birth, *December 13th*

4. Place of Birth, (Street and Number) 302 S. Sharp St.

5. Full Name of Mother, *Paulina Worck*

6. Mother's Maiden Name, *Pauline Thurn*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Adam Houch.*

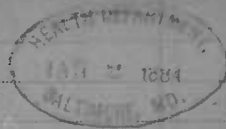
9. Father's Occupation, *Printer.*

10. Father's Birthplace, *Baltimore. Md.*

Name of Medical Attendant, or other Person who makes this Return *H. Munch*

Address, ... No. 1, Leadenhall St.

Remarks.



[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female), White
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December the 13. 1883
 4. Place of Birth, (Street and Number) Buizen. N.Y. 1360
 5. Full Name of Mother, Sophia Jung
 6. Mother's Maiden Name, Sophia Würster
 7. Mother's Birthplace, Freudenberg, N. Württemberg, Germany
 8. Full Name of Father, Michael Jung
 9. Father's Occupation, Baker
 10. Father's Birthplace, Langen Kunders, N. Bayern, Germany
 Name of Medical Attendant, or other Person who Harz E. Miller
made this Return
 Address, N. Dallas St. N.Y. 26
 Remarks, _____

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth, December 13, 1883

4. Place of Birth, (Street and Number) *Corner of W. Henry & E. Main, St. Louis*

5. Full Name of Mother, Margaretta Bion

6. Mother's Maiden Name, Higgarth, Ed

7. Mother's Birthplace, Sulberg, B. Bayern, Germany

8. Full Name of Father, John Bier

9. Father's Occupation, Buchkeeper

10. Father's Birthplace, Leiblos, Prussia, Germany

Name of Medical Attendant,

or other Person who
makes this Return

Address. 15 Della St. V^o 26

Remarks,

ARTICLES 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under those charters or superintendencies a birth shall hereafter take place, shall receive a true and correct register of such birth, and shall enter the same on a blank certificate to be furnished to him or her by the health officer of the city, and shall deliver the same to the health officer, who shall file the same in his or her office during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of every name that shall have been conferred, its sex, color, the full name and occupation of the person the cause of the certificate, between the first and third day of every month in the month of January. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the health officer of the city shall cause a certificate to be made by a physician, or a practitioner of midwifery, and within the period above required, except in the cases of the births and deaths of illegitimate children, and of any person, that delivers for each offence, to be recovered as other fines and penalties are recoverable.

58/05

140

Seventh 7th

Revue

White

December 13th, 1883

Cor. Central & Hartford Avenues

Mrs. George H. Morrell

Mrs. Anna Eliza Dechen

Baltimore, Md.

Mr. George Mason Morgan

Produce Merchants

Lattimore, Ned

or other Person who
makes this Return

Mr. H. Lindgren R.O.

No. 102 North Broadway

Remarks,

W. B. FLETCHER & CO., CITY PRINTERS AND STATIONERS.

H
68106

[illegible]

100

111
AF07

Baltimore City.

Second Child

Female

White

10th Dec, 1889

310 East Pratt St.

Marie Maloney

Clusters

Weston Co. Ireland

Michael Malone

Wartman

Wierford Co. Ireland

Mr. Hile

12 Patterson Park Ave.

Remarks:

[illegible]

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *104 Philadelphia st*
4. Place of Birth, (Street and Number) *Dec 13th 1883*
5. Full Name of Mother, *Margrate Sumers*
6. Mother's Maiden Name, *Inatgrate Cain*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Charles Sumers*
9. Father's Occupation, *Labo-*
10. Father's Birthplace, *Balto Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Bentley*
- Address, *Child Living*
- Remarks,

188109

1950

6

He is the

White

Dec 13th / 83.

P. 622 St.

Emma Walter

Bailey

Farming

Sakye Matter

Butcher

15. 12. 1887

or other Person who
makes this Return

N^o 70 Granby St

Naphia Perion

W. E. HUNT & CO., CITY PRINTER AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 18th 1883

4. Place of Birth, (Street and Number)

117 N. Durham St

5. Full Name of Mother,

Mary Perkins

6. Mother's Maiden Name,

Mary Stevens

7. Mother's Birthplace,

Warrick, Ind. Co.

8. Full Name of Father,

Jim Stevens

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return

Suzanne Morgan

Address,

117 N. Durham St

Remarks,

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68111

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth Dec. 13. 1883
4. Place of Birth (Street and Number) Baltimore, Md. D. West, St. 423
5. Full Name of Mother Maggie D. Wilkins
6. Mother's Maiden Name Maggie D. Johnson
7. Mother's Birthplace W. V. A.
8. Full Name of Father William J. Wilkins
9. Father's Occupation Horse Tinner
10. Father's Birthplace W. V. A.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer
- Address 114 Biddle St
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 68114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 13th 1883

4. Place of Birth, (Street and Number) 254 E. Biddle St

5. Full Name of Mother, Eurith A. Burton

6. Mother's Maiden Name, Leitch

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Charles Burton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Mr. B. Billingslee

Address, 256 E. Preston St

Remarks,

any person, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall submit the same to the Registrar of Vital Statistics, at the City and County Office of Health, on or before the first day of the month following the month in which the birth occurred. This schedule shall contain a list of the births which have occurred under their charge during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, the date of birth, the sex, the race or color, the full name and occupation of its parents, the day and certificate, between the first and third day of each and every month, to the Board of Health, in the form of a birth or any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall occur within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

female

white

December 13 1883

No 2 Grindall court

Hannah Faberson

Hannah Gail

Baltimore City

Martha Gail

yster smoker

Baltimore

Whitcomb

Mary Lane

No 11 Grindall court

DEC 15 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 13, 1883

4. Place of Birth, (Street and Number)

25 Eddings St

5. Full Name of Mother

Anna Winters

6. Mother's Maiden Name,

Roberts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father

George Winters

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Five Children*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13th December*

4. Place of Birth, (Street and Number) *13 Beandel St*

5. Full Name of Mother, *Elizy Biner*

6. Mother's Maiden Name, *Elizy Elliott*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Frank Biner*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Wm George Conway*

Address *7 North Child*

Remarks

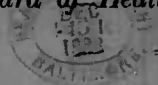
DEC
14
1893

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 13th 1883
4. Place of Birth, (Street and Number) 129 Battery Avenue
5. Full Name of Mother Mary Pringer
6. Mother's Maiden Name Murray
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Pringer
9. Father's Occupation B & O Rail Road Shops
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. John Morris MD
- Address 5 Franklin St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (~~state whether male or female~~)
 2. Race or Color (~~if not of the white race~~)
 3. Date of Birth 12. 13. 83
 4. Place of Birth (Street and Number) 42 (?) S. Stricker
 5. Full Name of Mother Sarah E. Fairbanks
 6. Mother's Maiden Name Crane
 7. Mother's Birthplace Richmond Va
 8. Full Name of Father Frank Fairbanks
 9. Father's Occupation Clerk
 10. Father's Birthplace Belle Hill Baltimore
- Name of Medical Attendant, or other Person who makes this Return. H. H. Calhoun
- Address 349 Natural
- Remarks Natural Heret St

of Baltimore, under the order of the Health Department, and shall not be subject to any other enactment or ordinance. That every person practicing midwifery in the City of Baltimore, under the order of the Health Department, shall not be subject to any other enactment or ordinance. That every person practicing midwifery in the City of Baltimore, under the order of the Health Department, shall not be subject to any other enactment or ordinance.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 13* *83*
4. Place of Birth, (Street and Number) *17. C. Fayette St*
5. Full Name of Mother, *Mary. Ross. Gentry*
6. Mother's Maiden Name, *" " Gold*
7. Mother's Birthplace, *Unconocoche, Camb., Md.*
8. Full Name of Father, *James. H. Gentry*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *M^{rs}. Oliver*
- Address, *183 S. Eden St.*
- Remarks,



"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

~~Dec 14~~ Dec 14 1883

4. Place of Birth, (Street and Number)

W. L. E. Edmundson Ave + North

5. Full Name of Mother,

Esther Whitman

6. Mother's Maiden Name,

W. L. E. Edmundson

7. Mother's Birthplace,

W. L. E. Edmundson

8. Full Name of Father,

Druggist

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dr. J. B. L. S. S. S.
1 Waverly Street

That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month in which the birth took place, and shall be filled up by the practitioner, the day of a place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the local sanitary midwifery or health officer, or to the nearest health officer, and shall be retained by him until the first day of the month following, or until the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of an illegitimate child, in which case any person who has knowledge of the birth and death of such child shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *December 14th*

4. Place of Birth, (Street and Number) *21 West Johnson St.*

5. Full Name of Mother, *Mary Mirmy Schwartz*

6. Mother's Maiden Name, *Frank*

7. Mother's Birthplace, *Baltimore, Calverger Beach*

8. Full Name of Father, *W. J. Schwartz*

9. Father's Occupation, *Bakery*

10. Father's Birthplace, *Baltimore, Columbia Co.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Anne Dunder*

Address, *60 North Shrewsbury*

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be returned to the Office of Registrar of Vital Statistics, Baltimore City, at the time and place specified in the following regulations. This schedule shall contain a list of the births which have occurred within the city of Baltimore during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its race, color, the full name and occupation of its parents, the day and month of its birth, the name of the physician or midwife attending, and the name of the hospital or institution where the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar of Vital Statistics to cause the same to be entered in the schedule of births, and within the period above required, except in the case of the birth of a child, the name of the father, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 10th 1883*

4. Place of Birth, (Street and Number) *47 Harrison st.*

5. Full Name of Mother, *Frieda Hollander*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isaac Hollander*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, _____ or other Person who makes this Return

Address, *1128 Lombard st.*

Remarks, _____

Office of Registrar of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 68125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11th

4. Place of Birth, (Street and Number)

10370 Stanwood St
Mary E. Mendith

5. Full Name of Mother,

" " Walter

6. Mother's Maiden Name,

City

7. Mother's Birthplace,

Walter Mendith

8. Full Name of Father,

Triller Manner

9. Father's Occupation,

City

10. Father's Birthplace,

10 Birch Ave

Name of Medical Attendant, or other Person who makes this Return

13 Stanwood St

Address,

Remarks,

H
68/26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leucis

Hunt House

Discicella 14. 4. 1883

During 1945-46

12. *... ..*

11. *Leaves*

Butterfly 9-8

Henry Simon

Edmund Burke

1948

Mr. R. Wilson

Preparer's Signature *[Signature]*

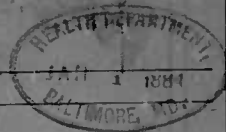
Denmark

X B. FILE # 100, 077 FRIEDMAN AND STATIONER.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence and name of the mother of such child or children.

RETURN OF A BIRTH, 18/28

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4th~~ 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth December 14

4. Place of Birth, (Street and Number) North Eden St. Court No. 2

5. Full Name of Mother Rachel Ann Gaitwood

6. Mother's Maiden Name Rachel Lawrence

7. Mother's Birthplace County Annapolis County

8. Full Name of Father George W. Gaitwood

9. Father's Occupation Stitcher

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Campbell & Priscilla Lawrence

Address Union Alley No. 9 near Eden St.

Remarks

any person who shall be guilty of any offense in relation to the birth of a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

any person who shall be guilty of any offense in relation to the birth of a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

any person who shall be guilty of any offense in relation to the birth of a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

299 W. Pratt St.
Dec 14 # 83

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Maria Rovecamp

6. Mother's Maiden Name,

Shults

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rovecamp

9. Father's Occupation,

Tavern keeper

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Walsh

Address,

328 J. Pratt St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, and shall cause to be kept a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, midwife, or other person attending, and the name of the person who shall be the father of the child. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at witness upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall be present at the birth, to cause the same to be recorded, and to sign within the period herein required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be present, to be recovered as other fines and penalties are recoverable to a fine of ten dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 31st December 14th 1880.

4. Place of Birth, (Street and Number) 319 Canton Ave.

5. Full Name of Mother, Julia Dorn.

6. Mother's Maiden Name, Julia Widmann.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Robert Dorn.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 157 South Wolfe St.

Remarks, D

1631

17
1997

471 Child

Bill

27.6.76

17th of December 1855.

349 East La Salle St.

James M. Mason

Anna Schöen

Baltimore

George Schreier

Printer

Baltimore.

Cecropia Humb.

77 North Chapel St. for per line. Kunkel

Healthy.

L. FIFT & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

68134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Ma'e or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Decemb 14th 1883*
4. Place of Birth (Street and Number) *14-173 S Walf*
5. Full Name of Mother *Catherine Elizabeth Peterson*
6. Mother's Maiden Name *Heien*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Peter Peterson*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Norway*
- Name of Medical Attendant, or other Person who makes this Return. *L O O'Connell M.D.*
- Address *12 S Eads st*
- Remarks

1873

timore City.

6th

Paul.

White

Dec 14th 1833

No 6 Bank St.

Emma ²Malter

Bailey

Farming.

Subop Walter

Butcher

Farming

or other Person who makes this Return *Sophia Simon*

11 E. 70 Grandy St.

...

P. 1017 A. C. - CITY FRISKERS AND STATIONERS

of Baltimore, under whose charge he superintends a birth shall hereafter take place, shall keep a true and exact register of such births, and shall cause to be made up and returned to the Registrar of Health, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of place and the birth, and the sex, color, the full name and occupation of its parent, the day and the certificate, between the first and third days of each and every month, to the Registrar of Health, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*

1. Sex, (state whether male or female) *Little Girl*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *14 December 1883*

4. Place of Birth, (Street and Number) *Born in Baltimore 27 Freed*

5. Full Name of Mother, *Mrs Weire*

6. Mother's Maiden Name, *Miss Maggie Schallmeyer*

7. Mother's Birthplace, *Born in Baltimore city*

8. Full Name of Father, *Mr Albert Weire*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Born Wittenverer Germany*

Name of Medical Attendant, (or other Person who makes this Return) *Mrs. Hilder*

Address, *1017 West Pratt st city*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

18138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 14th Dec - - 83

4. Place of Birth, (Street and Number) 15-2 N. E. 10th St

5. Full Name of Mother, Emma Dennis

6. Mother's Maiden Name, Emma High

7. Mother's Birthplace, Penna Hill Ind

8. Full Name of Father, John Dennis

9. Father's Occupation, Laborer

10. Father's Birthplace, Penna Hill Ind

Name of Medical Attendant, or other Person who makes this Return, Chas. Walker

Address, 89 North Spring St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68139

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Col.

3. Date of Birth,

14th Dec

4. Place of Birth, (Street and Number)

Union Alley 13

5. Full Name of Mother,

Marion Smith

6. Mother's Maiden Name,

Martha Jones

7. Mother's Birthplace,

city Balt.

8. Full Name of Father,

J. Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balt. city

Name of Medical Attendant,

or other Person who makes this Return

Leah Walker

Address,

1089 Spring St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

68140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

seventhth

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 14th 1889

4. Place of Birth, (Street and Number)

No 130 front avenue

5. Full Name of Mother

Jarah Jane Dowling

6. Mother's Maiden Name

Jarah Jane Stollen

7. Mother's Birthplace

Mo S

8. Full Name of Father

Thomas Dowling

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant,

or other Person who makes this Return.

ours Sarah Lornal Abid wife

Address

No 317 front avenue

Remarks

mother and child doing well

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 68141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 080511
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, see 11/1/10
4. Place of Birth, (Street and Number) 111 Bell St
5. Full Name of Mother, Jane Bidder Jane Gunkin
6. Mother's Maiden Name, Jane Bidder
7. Mother's Birthplace, Lancaster County
8. Full Name of Father, Charles Gunkin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Susan C. Green
Address, 47 South Dearborn St
Remarks,

exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall retain a list of the births which have occurred under his or her care during the year, and shall forward the same to the Commissioner of Health, on or before the first day of January next following the year in which the same have occurred. Any person who shall neglect or refuse to do so, or who shall knowingly furnish false information, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, 14th December 1883
- Place of Birth, (Street and Number) No 376 G. Park St
- Full Name of Mother, Maggie Schickner
- Mother's Maiden Name, Maggie Toth
- Mother's Birthplace, Baltimore
- Full Name of Father, John Schickner
- Father's Occupation, laborer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Anna B. Schickner
- Address, 1121 25th St
- Remarks,

DEC
13
1883

Let any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th Dec., 1883

4. Place of Birth, (Street and Number)

223 Barre

5. Full Name of Mother,

Joe Ada Stapleton
Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Richard Stapleton

9. Father's Occupation,

B & O. Conductor

10. Father's Birthplace,

Mass

Name of Medical Attendant,

or other Person who
makes this Return

H. W. Webster

Address,

57 Mariner

Remarks,

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

68140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex. (state whether male or female)

Female
white

DEC
15
1903

2. Race or Color. (if not of the white race)

3. Date of Birth.

Dec 14th 1903

4. Place of Birth. (Street and Number)

161 N. Lombard - Matronah

5. Full Name of Mother.

Annie Davis

6. Mother's Maiden Name.

7. Mother's Birthplace.

Washington D.C.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant,

or other Person who
makes this Return

C. A. Waade M.D.

Address,

161 N. Lombard

Remarks.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and send, once the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, in plain and legible handwriting, the name, sex, race, color, date and place of its birth, and the date of its delivery, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the mother thereof shall, nevertheless, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11111*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Dec 14th 1883*

4. Place of Birth, (Street and Number) *36 Little York St*

5. Full Name of Mother, *Mary Simon*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *St. Marys Co Md*

8. Full Name of Father, *George Simon*

9. Father's Occupation, *Cotton Dresser*

10. Father's Birthplace, *Prussia Prussia*

Name of Medical Attendant, or other Person who makes this Return *Celestine B. B.*

Address, *142 Prussia Alley*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC
15
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 14th 1883

4. Place of Birth, (Street and Number)

No. 3 Green Church St.

5. Full Name of Mother

Katie Rockel

6. Mother's Maiden Name

Tantz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Rockel

9. Father's Occupation

Whitewasher & Plasterer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

John Morris M.D.

Address

3 Franklin St.

Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Births, and shall retain the same during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Births, who shall file the same in the office of the Registrar of Births, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, provided for by the Board of Health, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 15*

4. Place of Birth, (Street and Number) *57 Carlton St*

5. Full Name of Mother, ~~Anna~~ *Emma Emilia Fiedler*

6. Mother's Maiden Name, *Grabel*

7. Mother's Birthplace, *Germany Saxony*

8. Full Name of Father, *Ernst William Fiedler*

9. Father's Occupation, *225 W. Pratt St. Thomas Miller*

10. Father's Birthplace, *Germany Saxony*

Name of Medical Attendant, or other Person who makes this Return *Mrs Anne Damm*

Address, *60 North Schroeder St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18149

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Dec. 15/83*

4. Place of Birth, (Street and Number) *8 E. Centre St.*

5. Full Name of Mother *Annie Murray*

6. Mother's Maiden Name *" "*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Martha Murray*

9. Father's Occupation *Saloon Keeper*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Edward M. D. Smith*

Address *54 West 1st St.*

Remarks

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 15th '83*

4. Place of Birth, (Street and Number) *201 Lexington St*

5. Full Name of Mother, *Mary Hempel*

6. Mother's Maiden Name, *Mary Kaufman*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *John J. Hempel*

9. Father's Occupation, *Restaurant Keeper*

10. Father's Birthplace, *Ind*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

J. Miller M.D.
188 Franklin St

6/1/2

[illegible]

5th.

Female.

White

December 15th 1883

247 N. Eden St.

Mary Berglund

Math. Kaldene

Germanus

Frank Borzellino

From the records of

Germanus.

16. 2. 3. 4. 5.

U. S. Monument St.

AC 711

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 13th 1883

4. Place of Birth, (Street and Number)

246 Central Ave

5. Full Name of Mother,

Mrs E Houchens

6. Mother's Maiden Name,

" " Connors

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Dr. T. Houchens

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Regina D. Warrick

Address,

186 Hartford Ave

Remarks,

8154

th, Baltimore City.

檢 9th

~~1~~ a. Haler.

White.

17 Dec. 1853

Pratt St. No 824

Same B. Merson.

Jane B Leonard

Baltimore?

William H. Leonard

Clinton

Balkman?

Mr. S. Kelly

at 777 Pratt St

1. 1000 2. 1000 3. 1000 4. 1000 5. 1000 6. 1000 7. 1000 8. 1000 9. 1000 10. 1000 11. 1000 12. 1000 13. 1000 14. 1000 15. 1000 16. 1000 17. 1000 18. 1000 19. 1000 20. 1000 21. 1000 22. 1000 23. 1000 24. 1000 25. 1000 26. 1000 27. 1000 28. 1000 29. 1000 30. 1000 31. 1000 32. 1000 33. 1000 34. 1000 35. 1000 36. 1000 37. 1000 38. 1000 39. 1000 40. 1000 41. 1000 42. 1000 43. 1000 44. 1000 45. 1000 46. 1000 47. 1000 48. 1000 49. 1000 50. 1000 51. 1000 52. 1000 53. 1000 54. 1000 55. 1000 56. 1000 57. 1000 58. 1000 59. 1000 60. 1000 61. 1000 62. 1000 63. 1000 64. 1000 65. 1000 66. 1000 67. 1000 68. 1000 69. 1000 70. 1000 71. 1000 72. 1000 73. 1000 74. 1000 75. 1000 76. 1000 77. 1000 78. 1000 79. 1000 80. 1000 81. 1000 82. 1000 83. 1000 84. 1000 85. 1000 86. 1000 87. 1000 88. 1000 89. 1000 90. 1000 91. 1000 92. 1000 93. 1000 94. 1000 95. 1000 96. 1000 97. 1000 98. 1000 99. 1000 100. 1000

D. PIET & CO., CITY PLASTER AND STATIONERS.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 15th December 53
 4. Place of Birth, (Street and Number) S. W. Corner Sharp & Hamburg Sts
 5. Full Name of Mother, Elizabeth Onnen
 6. Mother's Maiden Name, Elizabeth Roehler
 7. Mother's Birthplace, Wilmington
 8. Full Name of Father, J. F. Onnen
 9. Father's Occupation, Apothecary
 10. Father's Birthplace, Dens. (Germany)
 Name of Medical Attendant, or other Person who makes this Return Dr. J. J. Spring
 Address, 1 S. Main St
 Remarks.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

H
H N K

[illegible]

- Name of Medical Attendant, or other Person who makes this Return Mrs. Linn
Address, Corner of Laidenhall and Montgomery St.
Remarks,

1718

DEC 17 1953

1) 7th (1st)

Aug.

W. H. E.

15th of December. 1885

437. Carl Fugelte. Inst.

Allice J. Hunt.

William F. Roberts

Baltimore.

Charles H. Schutt.

Carpani, Egidio

Baltimore

or other Person who
makes this Return

Crescentia hancei

71 North Chapel St. per fixture. Kussel

Health.

E. LIST A 121. CITY FRUITERS AND STATIONERS

7519.

Baltimore City.

Sixth.

- female.

White.

Dec. 14th. 1853.

100 N. Poppleton Street

Mrs. Elenera Scott

Miss Elmore Piper.

Baltimore City

George Washington Little. Sir.

Coach Smith

Coach Line
Baltimore City

Susan Hunter

21 W Pappleton St

P. HILL & SONS, LTD. PRINTERS AND STATIONERS.

Place any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 161 W. Lombard,

Remarks,

2nd
Female

White
Dec 18th 1883

161 W. Lombard - Maternity

Lizzie Sherwood

Virginia

E. J. Waddey M.D.

[illegible]

11/11/11

3

- Female
White
Decr 15 1883
9 Chesapeake St
Baltimore
Thos Birrell
Baltimore
Lamar, Peter
labor.
Baltimore
Thos C. Tracy
193 Chest

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished him or her by the Registrar of Vital Statistics, and shall file the same in the office of the Registrar of Vital Statistics, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child till any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the proper authorities, to the Registrar of Vital Statistics, at the time of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report the birth of the child to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Child

Female

White

December 15th 1883

425 Oceanway St

Elizabeth Hessemaier

Charlotte Elfishouse

Baltimore City

Leharitt Hessemaier

laborer

Baltimore City

Mrs. Pauline Garrett

No 65 Burke St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, December 15th 1894
4. Place of Birth, (Street and Number) Baltimore Marshall St. No. 14
5. Full Name of Mother, Eliza Chevrolet
6. Mother's Maiden Name, Wells
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Chevrolet
9. Father's Occupation, carpenter
10. Father's Birthplace, Portsmouth N.H.
- Name of Medical Attendant, (or other Person who makes this Return) Elizabeth Hallinan
- Address, William St. No. 974
- Remarks,

Under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births occurring in the city, and shall be filed in the office of the Registrar of Vital Statistics. The full name and description of the child, the day and date of its birth, and the date of its registration, shall be entered on the schedule, and the schedule shall be filed in the office of the Registrar of Vital Statistics. The schedule shall be kept for a period of ten years, and shall be preserved as a permanent record of the births occurring in the city.

[illegible]

H

Desf. Pine

1. Sex, (state whether ~~male~~ female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15, 1883
4. Place of Birth, (Street and Number), S. L. Burkhardt, No 91
5. Full Name of Mother, Louise Miehler
6. Mother's Maiden Name, Louise Miehler
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Georg L. Miehler
9. Father's Occupation, Musical
10. Father's Birthplace, Balt. City
- Name of Medical Attendant, or other Person who makes this Return, Harry E. Miller
- Address, S. Dallas St. No 26
- Remarks.

Every person who shall hereafter take place, shall keep a true and correct register of each birth, and shall enter the same in a book to be kept in his or her house, and shall preserve the same until the child shall be three months of age. This schedule shall contain a list of the births which have occurred under his or her name during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name has been conferred, its sex, color, the full name and occupation of its mother, the day and month of its birth, the day of the month and year of its birth, the name of the medical attendant, the name of the physician, or of a practitioner of midwifery, or of any other person in attendance upon the mother, immediately there after, it shall then become the duty of the person so registered to cause the same to be entered in the official register of the Board of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the person so registered shall cause the same to be entered in the official register of the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 of December*
4. Place of Birth, (Street and Number) *230 Whiteland St*
5. Full Name of Mother, *Mary Heslin*
6. Mother's Maiden Name, *Mary White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Heslin*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Salina Gushen*
- Address, *Harriet St*
- Remarks,

and register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the date of its birth, the place of its birth, the name of its parents, the day and hour of its birth, the sex of the child, the name of the physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5 of December 1887*

4. Place of Birth, (Street and Number) *No 74 Laurel St*

5. Full Name of Mother, *Mrs Maggie Hall*

6. Mother's Maiden Name, *Maggie Mary Vagh*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Hall*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Salmon Luescher*

Address, *No 108 West St*

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(Twins) 3^d & 4th*
1. Sex, (state whether male or female) *Both females.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 15/83*
4. Place of Birth, (Street and Number) *243 Columbia Ave*
5. Full Name of Mother, *Maria F Bosley*
6. Mother's Maiden Name, *Hilton*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Geo. W. Bosley*
9. Father's Occupation, *Gas-Fitter*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other Person who makes this Return *Thomas Opie M.D.*
- Address, *179 N. Howard St*
- Remarks.

Every city physician, economist, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
made this Return

Address,

Remarks,

DEC
15
1893

shall register, at the time of or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name in a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the person attending the birth, and shall be returned during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the date of birth, the full name and occupation of its parents, the day and month of its delivery, and the name of the physician, or of a midwife, or of a nurse, or of a person attending the birth, and the name of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *J. Child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *December 16th 1882.*

4. Place of Birth, (Street and Number) *No. 6. Race St.*

5. Full Name of Mother, *Kathy Fuhr.*

6. Mother's Maiden Name, *Kuhn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Nicholas Fuhr.*

9. Father's Occupation, *Labourer.*

10. Father's Birthplace, *Prussia.*

Name of Medical Attendant, or other Person who makes this Return *Am. Lindner.*

Address, *No. 45 S. Monroe St.*

Remarks, _____

under a license or certificate of apprenticeship a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Baltimore City, at the office of Health, at the expiration of the month in which the birth occurred, and shall also file the same with the Registrar of Health, at the expiration of the month, and shall not forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and month in which the birth occurred, the name of the physician, or of a practitioner of midwifery, or of any other person who attended the birth, and the name of the mother, immediately thereafter, it shall then become the duty of the Registrar of Health to cause the same to be entered in the books of the Registrar of Health, and in the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$100 and not more than \$500, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5-

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 16 December

4. Place of Birth, (Street and Number) 11 Bank

5. Full Name of Mother, Lizzie Queen

6. Mother's Maiden Name, Doll.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Queen

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks, _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

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City

Simore City.

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g. lutea

1822

White

September 16 1883

Chase St 11214

Sept 28

11

Laurel

Richard E. Howard

Winter

Barnes

Mr. R. H. H.

11/15/2011

6517³

City.

6

Geniale

White

14 of December 1873

750 355 Charles St

F. B. Burn

Henry Wheeler

Paden

Phillips Brown

Kubovce

Prin

John E. C. C. C.

Howe Muri

Remarks.

P. MEY & SONS, CITY PRINTER AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

GIVEN NAME ADDED 8-15-49

68174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1883

- Name: Samuel H. Piston
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16th December 1883
4. Place of Birth (Street and Number) 177 Hollins St
5. Full Name of Mother Florence Piston
6. Mother's Maiden Name Florence Meade
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis R. Piston
9. Father's Occupation Locksmith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who made the Return. J. T. Benson M.D.
- Address 187 Hollins St -
- Remarks

and shall enter the same on a blank schedule to be furnished by the Commis-
sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care
during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if
any name shall have been conferred), its sex, color, the name and residence of the mother, the name and residence of the
physician, between the first and third day of each and every month to the Board of Health. In case the
birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
should no other person be in attendance upon the mother, the name of the person attending the mother shall be
written in the space provided for the physician, and in the space provided for the practitioner of midwifery, or
other person, the name of the person attending the mother shall be written. In the case of illegitimate children, and
any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th Dec

4. Place of Birth, (Street and Number) No 50 George St.

5. Full Name of Mother, Laura M. Mitchell

6. Mother's Maiden Name, Balton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Luther L. Mitchell

9. Father's Occupation, Jaycutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Hephia Simon

Address, No 70 Granby St.

Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dec, 14th / 883, 11.00 P.M.
6 Cornish St.
Elizabeth Myers

Baltimore
Lewis Myers
Hamster
Baltimore

Wm. Prosser M.D.
88 East Baltimore St.

1. The day of the month, year, hour, midwife, or other person in charge, who shall attend, and at
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 16th

4. Place of Birth, (Street and Number)

8 N Bond St

5. Full Name of Mother,

Emma Olivia Baker

6. Mother's Maiden Name,

Emma Olivia Robertson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edwin Mum's Baker

9. Father's Occupation,

Deputy Sheriff

10. Father's Birthplace,

Wm

Name of Medical Attendant,

or other Person who makes this Return

Chas Wells

Address,

47 N Bond St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Bo*

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth, *Dec 16th 1883*

4. Place of Birth, (Street and Number)

No 167 welcome ally

5. Full Name of Mother,

Mary Strickland

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

George Strickland

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Balt City

Name of Medical Attendant,

or other Person who makes this Return

Deborah Thomas

Address,

71 Burgundy ally

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68150

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *984*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *W*
 3. Date of Birth *16th Dec*
 4. Place of Birth (Street and Number) *108th Lee St*
 5. Full Name of Mother *Amie Briggs*
 6. Mother's Maiden Name *Richard*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Charles F. Charles*
 9. Father's Occupation *Carver*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Wm. May Horgan*
 Address *112 Scott St*
 Remarks

1111

123

Seventh

Male

White

December 16th 1883

293 Washington St.

Mr. Amos Barrows

Miss Anne Peterson.

Baltimore City

Peter Barrowe

Waterman

Baltimore City

Mrs Rachel A. Barrett

No 65 - Rucka St.

Remarks,

23. B. PUT A 100,000 PRINTED AND STATIONERY.

68182

BALTIMORE CITY.

any physician, nurse or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (a or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.)”

3.

Male

385 Entom. 5th Dec 16

335 Entan St

Sallie Brent

Bull

知

Hugh Brent

Merchant



H. M. Wilson

or other Person who
makes this Return

257 Mid Ave

BILLY A. CO. CITY PRINTERS AND STATIONERS

The Registrar or superintendent of a birth shall hereafter take place, shall keep a true and
 exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commis-
 sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care
 during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if
 a male, and the name of the mother, if a female, and the date of birth, and the place of birth, and the
 place of its birth, and the date of its birth, and the date of its birth, and the date of its birth, and the date of its birth,
 certificate, between the first and third day of each and every month, to the Board of Health. In case the
 birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
 of a nurse, or of a person who is duly qualified to attend the birth of a child, the Registrar or superintendent
 duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
 within the period above required, except in the cases of the births and deaths of illegitimate children, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 ed Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 16th 1883*

4. Place of Birth, (Street and Number) *No 160 Little Green st*

5. Full Name of Mother, *Mary Kochner*

6. Mother's Maiden Name, *Dietrich*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Christian Kochner*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *J. Schuasser Midwife*

Address, *No 330 Hanover st*

Remarks, *This child was a seven months child and died after 24 hrs of its hours in cause of weakness.*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of January, and shall be completed, the full name of each child, its sex, color, the date and place of birth, and the date of delivery, shall be delivered, duly signed by the practitioner of midwifery, or by the parent or person in charge of the child, and shall be filed in the office of the Registrar of Health. In case the practitioner of midwifery, or the parent or person in charge of the child, should neglect to deliver a schedule as above required, except in the cases of the births and deaths of illegitimate children, and within the time above required, he or she shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First. (1.)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 16 - 1883*

4. Place of Birth, (Street and Number) *No 477. N. Eager St*

5. Full Name of Mother, *Antonie Baroch*

6. Mother's Maiden Name, *" Mika*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Waclav Baroch*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*

Address, *No 20, Barnes St*

Remarks, _____

[illegible]

11/15

Seventh Confinement sub
Males - Twins

Males - Twins

—

Dec 17 - 83

261 Le. 91.

Many Herbold

Sich-

Balto. &
Chas. Herbold

Chas. Herbold

Piano Maker

Hessen - Waldeck

or other Person who
makes this Return

ut. or other Person who makes this Return
328 Fourth Eulaw St. Mary K. Wh.

328 Fourth Eulacio J Jr

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

68187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th -

sex (state whether Male or Female)

Female -
white -

Age or Color (if not of the white race)

Date of Birth

Dec 17 1883 -

Place of Birth (Street and Number)

1260 George St -

Full Name of Mother

Luna C. Walters

Mother's Maiden Name

Blackburn -

Mother's Birthplace

Baltimore -

Full Name of Father

Chas. H. Walters

Father's Occupation

Clerk -

Father's Birthplace

Baltimore -

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith - M.D.

Address

Harlem Ave. - Calhoun St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Lucy

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

S. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

1192

1941 22 100-1

8

L. A. C.

Phila.

December 17th 1883

Watercoat St No 6.

Caroline Frazier

Caroline Small

...Glenary.

German.
Frederick Small

Podiceps al. maric?

217 217 217

Mr. S. B. Ellis

No 797 Pratt St

Remarks.

PRINTED AND STATIONED.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

18143

DEC 24 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 10th 1883

4. Place of Birth (Street and Number) No 486 N Washington St

5. Full Name of Mother Margaret

6. Mother's Maiden Name Schirger

7. Mother's Birthplace Scotland

8. Full Name of Father Andr. Johnstone

9. Father's Occupation Life Insurance

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. D. O. Wm. L. L. L.

Address 12 S. E. St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

W

3. Date of Birth

Dec 17 1894

4. Place of Birth (Street and Number)

No 206 Columbia Ave

5. Full Name of Mother

Mary Stallings

6. Mother's Maiden Name

" Davanaugh

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Doc Stallings

9. Father's Occupation

Moulder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary Horgan

Address

112 South St

Remarks

any person or persons who shall, hereafter, fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are so recoverable.

11/19/81

Fred Emmanuel William Groos 3rd

Male

Dec. 17. th 1883

Dec. 17. th 1883

N.º 684 W. Balto. St.

Mary A. Fros.

Mary A Heinz
Baltimore

Baltimore

William. Foss, Jr

Cigar Maker

Baltimore

or other Person who
makes this Return

or other Person who makes this Return *Susan Hunter*

21 of Bayreuth. H

OTHER NAME ADDED.

3-21-52

in Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall cause the same to be filled up with the following particulars: the date, hour, place, sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Board of Health, immediately thereafter, it shall be the duty of the practitioner to send an other person to be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in such cases the practitioner shall be held responsible for such failure, and shall be liable for a fine of ten dollars for each offence to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

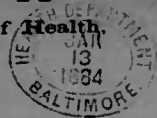
Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

11th Feb
Feb 15/84
602 W. Pratt
Cary Lemon
" Jones
Baltimore
Ch. Lemon
Mechanic
Baltimore

H. L. Francis M.D.
387 W. Lombard

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

Date of Birth, _____

Place of Birth, _____

Signature of Physician, _____

Signature of Registrar, _____

Stamp: HEALTH DEPARTMENT JAN 1907

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
Full Name of Mother _____
M. _____

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,
7. Mother's

7. Mother's Birthplace,
8. Full Name

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant _____
Address, _____

Address.

Remarks.

or other Person who
makes this Return

✓ 822

on who
return

23 Baltimore
Mrs. Liver
A. Eden


Dec 18/1883
 Alice Broadway Gay
 Alice Elizabeth Gorce
 William Buttimore
 Boss East End H. S. Co
 Mrs. B. Buttimore



PRINT & COPY PRINT-UP AND STATISTICS

1879

Baltimore City.



Female

Dec 15 1983

201 St David St

Flaccid

Erubescens

James B. Brier

Robert

60

.....

[Faint handwritten notes at the bottom of the page]

W. B. HOLT & CO., CITY PRINTERS AND STATIONERS.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



White
Dec 18 / 1883

Cor Broadway & Gay St

Alice Elizabeth Gorce

Alice Elizabeth Gorce

Baltimore

William Henry Gorce

Stable Boss East End N. E. Co

Baltimore

Mrs. Oliver

183 N. Eden St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

DEC.
29
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 18th 1883

4. Place of Birth, (Street and Number)

230 Conway St

5. Full Name of Mother,

Annie Meersfelden

6. Mother's Maiden Name,

Annie Scheidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Meersfelden

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. R. Wily M.D.

Address,

195 West Lombard St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18th Dec 1883

4. Place of Birth, (Street and Number)

408 West

5. Full Name of Mother,

Mary Mc Donogh

6. Mother's Maiden Name,

Fahy

7. Mother's Birthplace,

Irish

8. Full Name of Father,

John Mc Donogh

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hila Virginia Webster
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of December, 1853.
4. Place of Birth, (Street and Number) No. 16 Collington Ave.
5. Full Name of Mother, Mary Whit.
6. Mother's Maiden Name, Mary Webster.
7. Mother's Birthplace, Sumner, county Md.
8. Full Name of Father, George A. Webster.
9. Father's Occupation, Doctor.
10. Father's Birthplace, Sumner, county Md.

Name of Medical Attendant, or other Person who makes this Return

Address, 71 North Chapel St per fraternal house tel.

Remarks, Sea 17th,

[illegible]

171

Baltimore City.

Stena C.

File

Dec 18. 1861

No 150 E Pratt st

Lizzie Thompson

Lizzie Coleman

30, Baltimore.

A. L. Thompson.

Shipping Clerk

Baltimore

Sophia Sinscoe

No 70. Granby Street.

Remarks.

[illegible]

Every person who causes or superintends a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under each child, during the month, and shall set forth, as far as possible, the date, hour, place, name, sex, race, color, and any other facts of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, military, or birth of any child shall occur, without exception, a certificate shall be furnished to the Board of Health, within the period above required, except in the cases of the birth and death of an infant, in which case the duty of the parent or person who shall hereafter be required to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 18th 1883*
4. Place of Birth, (Street and Number) *No. 233 Baltimore av.*
5. Full Name of Mother, *Emma Clausner*
6. Mother's Maiden Name, *Frank*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Gustav Clausner*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Schwarzer midwife*
- Address, *330 Hanover st*
- Remarks,

Only physician, accoucheur, midwife, or other person in charge, who shall attend, and at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68205

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth, Dec 18th 1883

4. Place of Birth, (Street and Number)

No 66 Dover St

5. Full Name of Mother

Lillian Robinson

6. Mother's Maiden Name,

7. Mother's Birthplace,

St Marys County Md

8. Full Name of Father,

Stanford Robinson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Washington D C

Name of Medical Attendant,

or other Person who makes this Return

Deborah Thomas

Address,

71 Burgandy ally

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 8th, 1883
 4. Place of Birth, (Street and Number) No. 90 South Ann Street
 5. Full Name of Mother, Mrs. Lillie Gambrell
 6. Mother's Maiden Name, Miss Lillie North
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, Mr. Albert Francis Gambrell
 9. Father's Occupation, Ship Joiner
 10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

[illegible]

See Instructions to Physicians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) W
 3. Date of Birth 18th Dec
 4. Place of Birth (Street and Number) 89 Hill St
 5. Full Name of Mother Delia Cosgrove
 6. Mother's Maiden Name " Sullivan
 7. Mother's Birthplace Ireland
 8. Full Name of Father Pat Cosgrove
 9. Father's Occupation Laborer
 10. Father's Birthplace Ireland
 Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Hargan
 Address 112 Scott St
 Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

18208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Coloured*
3. Date of Birth, *December 18th 1883*
4. Place of Birth, (Street and Number) *Chestnut Alley 105-*
5. Full Name of Mother, *Mary Virginia Carroll*
6. Mother's Maiden Name, *Mary Virginia Barth*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William Carroll*
9. Father's Occupation, *Hostler*
10. Father's Birthplace, *Fredrick Co.*
- Name of Medical Attendant, or other Person who makes this Return *Tangie Spowden*
- Address, *No 60 Sarah Ann Street*
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18209

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
December 18th 1813
45 Cumberland St
Martha Sunderland
Martha Sunderland
Maryland
Samuel Sunderland
Laborer
Virginia
A. R. B. M.D.
201 North Ave

Every Registrar of such birth, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up at the end of each year, and shall be forwarded to the Commissioner of Health, with a true and correct copy of the same, and shall be retained by the Commissioner of Health, as a permanent record. The Registrar shall also keep a true and correct copy of the same, and shall retain it for a period of ten years. The Registrar shall also keep a true and correct copy of the same, and shall retain it for a period of ten years. The Registrar shall also keep a true and correct copy of the same, and shall retain it for a period of ten years.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ed

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 19th. 1883

4. Place of Birth, (Street and Number) John St.

5. Full Name of Mother, Rosa Schoemaker

6. Mother's Maiden Name, Rosa Krohn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schoemaker

9. Father's Occupation, Organ Builder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return M. J. Butt

Address, No 185. 2d. cor Central av. & Monument St.

Remarks, All Well

[illegible]

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a video screen. The screen displays a target (a small circle) and a starting point (a larger circle). The subject's hand is positioned at the starting point. The distance between the starting point and the target is labeled as d . The subject is instructed to move their hand from the starting point to the target. The video screen is connected to a computer system that records the hand's position and movement time.

- Address:

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *December 19th.*

4. Place of Birth, (Street and Number) *No. 99 Little Gun St.*

5. Full Name of Mother, *Matilda Ward.*

6. Mother's Maiden Name, *Nickham.*

7. Mother's Birthplace, *Balt. City.*

8. Full Name of Father, *Burnet Ward*

9. Father's Occupation, *Police man*

10. Father's Birthplace, *Balt. City.*

Name of Medical Attendant, *or other Person who makes this Return.*

Address, *Wm. F. Alderdice*
N. E. Cor. Columbia Ave. & Fremont St.

Remarks, *Child in good physical condition, living.*

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
female
Colored
December 19th 1892 York st

Ella Lixson
Ella Harris
Cambridge
John Lixson
Porter in a store
Cambridge

Mary Mahle

142 York street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st child
~~Dec~~ Dec 19/83
1st Clare Mills Washington Road
Mary J. Miller
" " Hummel
Hessan Germany
J. Henry Miller
Hessan Germany
Hessan Germany
J. L. Spencer
307 N. Lombard St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *4* *Male* *Female* *Child*

2. Race or Color, (if not of the white race) *Colored* *Race*

3. Date of Birth, *December 19th 1883*

4. Place of Birth, (Street and Number) *No 278* *Entaw St*

5. Full Name of Mother, *Maria Brown*

6. Mother's Maiden Name, *Maria* " " "

7. Mother's Birthplace, *Princeton* *Co Md*

8. Full Name of Father, *George Brown*

9. Father's Occupation, *Mail and coachman*

10. Father's Birthplace, *Princeton* *Co Md*

Name of Medical Attendant, or other Person who makes this Return *Lucy Conish*

Address, *No 13* *Jorden Alley*

Remarks, *Baltimore*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

DEC
20
1893

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th Decr 1883

4. Place of Birth, (Street and Number)

96 York

5. Full Name of Mother,

Mary O'Dougherty
McKew

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Patrick Dougherty
Mariner

9. Father's Occupation,

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster

Address,

57 Barn

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

68219

DEC
24
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 19/83

4. Place of Birth (Street and Number)

499 W. Larnvale St

5. Full Name of Mother

Martha S. Doolley

6. Mother's Maiden Name

Martha S. Villines

7. Mother's Birthplace

Virginia

8. Full Name of Father

John F. Doolley

9. Father's Occupation

Plumber & Gas Fitter

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Thos. J. Ward M.D.

Address

127 St Paul St

Remarks

[illegible]

1122

2

male

College

Dec 19th 1888

No 5-Calohom et Cora

Henry A. Matthews

west river

got no further

or other Person who
makes this Return

10 Garrison St

Beals 11.12.07

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 19 Dec. 1883. white
3. Date of Birth, 19 Dec. 1883.
4. Place of Birth, (Street and Number) 207 Saratoga St
5. Full Name of Mother, Carolina Malmros
6. Mother's Maiden Name, Carolina Halqvist
7. Mother's Birthplace, Sweden
8. Full Name of Father, John Malmros. T. T.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Sweden
- Name of Medical Attendant, or other Person who makes this Return H. Mammel.
- Address, 428 Saratoga St
- Remarks,

68222

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Dec 19th*
4. Place of Birth (Street and Number) *No 1 Cross Alley*
5. Full Name of Mother *~~Mary E Thomas~~ Mary E Chaplin*
6. Mother's Maiden Name *Mary E. Thomas*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *Nelson Chaplin*
9. Father's Occupation *Trafit*
10. Father's Birthplace *Talbot County Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Jane D. Pastor*
- Address *No 17 Hamilton St*
- Remarks

1. The parent or person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

2. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

3. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

4. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

5. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

6. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

7. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

8. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

9. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

10. In case the birth of a child is attended by a physician, or of a journeyman or midwife, or of a person who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 19th 1883*
4. Place of Birth, (Street and Number) *Baltimore Hollen St. N. 23*
5. Full Name of Mother, *Mary Kelly*
6. Mother's Maiden Name, *Smiley*
7. Mother's Birthplace, *Scotland*
8. Full Name of Father, *Peter Kelly*
9. Father's Occupation, *Plumber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Mitchell*
- Address, *N. 5-8 Parkin St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68225

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 11th 1883

4. Place of Birth, (Street and Number)

25 N. Schroeder St.

5. Full Name of Mother,

Mrs. Maloney

6. Mother's Maiden Name,

Annie Barrnahan

7. Mother's Birthplace,

Cochesville, Pa.

8. Full Name of Father,

Thomas Maloney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

at Sea American Sea

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

214 Poppleton St

Remarks,

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 19th of December 1883

4. Place of Birth, (Street and Number)

248 Maryland Avenue

5. Full Name of Mother,

Annie Hall

6. Mother's Maiden Name,

Annie Connor

7. Mother's Birthplace,

Chicago

8. Full Name of Father,

James Hall

9. Father's Occupation,

Post Office

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Miss Christina Lauer

Address,

173 Maryland Avenue,

Remarks,

Baltimore, Maryland

1883

1825

timore City.

first birth

Mall

The Little

Dec Sept 19

Lombard 31.34

Mary Grubbs

Polanski

West schien Preis

Scutinus grabus

Sabon

Westlichen Preisen

or other Person who
makes this Return

Ms Crauer

No 278 Lombard St.

U. S. DEPT. OF AGRICULTURE, BUREAU OF PLANT INDUSTRY.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a book, schedule to be furnished by the Comptroller of the City, and shall file the same in the office of the Registrar of Vital Statistics, and shall, during the month, and shall not forth, as far as the same can be ascertained, the full name of each child of any union shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, to the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner, and in the form, and at the time, and place, and under the penalty, provided in this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 10, 1883*

4. Place of Birth, (Street and Number), *William St. No. 66*

5. Full Name of Mother, *Lisette Murlfing*

6. Mother's Maiden Name, *Lisette Calger*

7. Mother's Birthplace, *Baldy City*

8. Full Name of Father, *John J. Murlfing*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Baldy City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *11 Dallas St. No. 26*

Remarks, _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

With any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *DEC 19th 83*

4. Place of Birth, (Street and Number) *461 Franklin St*

5. Full Name of Mother, *Mrs. Geo. W. Dell*

6. Mother's Maiden Name, *Miss Agnes W. Lockland*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Geo. W. Dell*

9. Father's Occupation, *Paper hanger*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *H. H. Hill M.D.*

Address, *2111 So. Edmonson Ave. Schuerman St.*

Remarks, _____

of children, supplies, wages or superintendence of birth shall hereafter be kept a true and correct record of each birth, and shall enter on the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the terms which have occurred under his title, or during the month, and shall set forth, as far as possible, the full name and occupation of its parents, the day and place of its birth, and the date when it was delivered, and the date when it was received by the physician or midwife of its birth, and the date when it was received by the mother, immediately thereafter, it shall then become the duty of any child and female attendant upon a woman upon the birth of her child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of those who, from the provisions of this section shall be subject to any person or persons, for neglecting to report the same, as other fines and penalties are in this section.

Baltimore City

44

- W. H. POST & CO., CITY PRINTERS AND STATIONERS.

1. Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born 20th December 1883

4. Place of Birth, (Street and Number)

407 S. Paca St. Baltimore Md.

5. Full Name of Mother,

Fannie Burkman

6. Mother's Maiden Name,

Fannie Bell

7. Mother's Birthplace,

Frederick City Md.

8. Full Name of Father,

John Burkman

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who
makes this return

Chas. G. G. G.

Address,

Remarks,

RETURN OF A BIRTH.

1883

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether male or female) *Male*
- Race or Color (if not of the white race) *Colored*
- Date of Birth *Dec. 20. 1883*
- Place of Birth (Street and Number) *#25 Rudder St.*
- Full Name of Mother *Martha Johnston.*
- Mother's Maiden Name *Martha Johnston.*
- Mother's Birthplace *St. Mary's Co. Md.*
- Full Name of Father *Unknown.*
- Father's Occupation *_____*
- Father's Birthplace *_____*
- Name of Medical Attendant, or other Person who makes this Return. *James Brown M.D.*
- Address *#54 W. John St.*
- Remarks *_____*

I, the undersigned, being a duly qualified physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *Dec 20th. 1883.*

4. Place of Birth, (Street and Number) *# 339 Hoffman St. Balto. Md.*

5. Full Name of Mother, *Mary Ediza Norris*

6. Mother's Maiden Name, *Mary Downing*

7. Mother's Birthplace, *Northampton County. Va.*

8. Full Name of Father, *Joseph Preston Norris*

9. Father's Occupation, *Physician, Balto & Ohio. R. R.*

10. Father's Birthplace, *Rockbridge, Lexington Va.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann Cornish*

Address, *# 34 Boyd St.*

Remarks, *No remarks.*

advised as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
24
1939

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) *First*

1. Sex. (state whether male or female) *Male*

2. Race or Color. (if not of the white race) *Cold*

3. Date of Birth. *Dec 17 20*

4. Place of Birth. (Street and Number) *89 Orleans St*

5. Full Name of Mother. *George Jones*

6. Mother's Maiden Name. *George Smith*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *Charles H. Jones*

9. Father's Occupation. *Common Labor*

10. Father's Birthplace. *Baltimore*

Name of Medical Attendant, or other Person who makes this Return
Ernie Druntor

Address, *122 North Dallas St*

Remarks, *122 North Dallas St*

7216

0-0
124

3

Female

Dec. 20 1883-

247 Sawale st

Rebecca C. Ingle,

Admission

Ratto Co

J. Lowell Engle,

Physician.

Washington, D.C.

J. S. Ingle M.D.

247 Sawale

H. PILEY & CO., CITY PRINTERS AND STATIONERS.

the person or persons who shall be subject to the tax shall be deemed to be the owner of such birth, and shall enter the same in a ledger, shall forward the same to the proper authorities, and shall be liable to a fine of not less than \$100 nor more than \$500 for each failure to do so. The person or persons who shall be subject to the tax shall be deemed to be the owner of such birth, and shall enter the same in a ledger, shall forward the same to the proper authorities, and shall be liable to a fine of not less than \$100 nor more than \$500 for each failure to do so.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant.

or other Person who
makes this Return.

Address.

Remarks.

exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commis-
 sioner of the City of Baltimore, and shall set forth, as far as the same can be ascertained, the full name and date of
 during the month, and shall set forth, as far as the same can be ascertained, the full name and date of
 any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and
 place of its birth, and the full schedule shall be delivered, duly signed by the practitioner, in the form of a
 birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, each the
 should on other person be in attendance upon the mother, immediately thereafter, it shall then become the
 duty of the person or persons of such child to report its birth to the Board of Health, in the manner, and
 any person or persons who shall thereafter fail to comply with the provisions of this section shall be liable
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child.*
 1. Sex, (state whether male or female) *Male Child*
 2. Race or Color, (if not of the white race) *White Child*
 3. Date of Birth, *20th of December*
 4. Place of Birth, (Street and Number) *Cooke St. No 13 Locust St.*
 5. Full Name of Mother, *Maggie Reinius*
 6. Mother's Maiden Name, *Maggie White*
 7. Mother's Birthplace, *England.*
 8. Full Name of Father, *Martin Reinius*
 9. Father's Occupation, *Stevedore*
 10. Father's Birthplace, *Memel Breusen Germania*
 Name of Medical Attendant, or other Person who makes this Return *Lizzie Shaffer Midwife*
 Address, *No 52 Hull St. Loc. St.*
 Remarks,

live at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 20th 83*

4. Place of Birth, (Street and Number) *282 N. Broadway*

5. Full Name of Mother, *Rose Saunders*

6. Mother's Maiden Name, *Rose M^c Caran*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Arthur J. Saunders*

9. Father's Occupation, *Brass Finisher*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return *Chas. B. Zugler M.D.*

Address, *282 N. Broadway*

Remarks,

7/15/88

Baltimore City.

2nd

Male

White:

Dec. 20th 1883

Baltimore Carey St. N^o. 42

Annie Becker

.. Frank.

Baltimore

Charles Rector

Stone Mountain

Baltimore

Mrs. C. Mitchell

N^o 3-8 Parker st.

No. 88

PIET & CO., CITY PRINTERS AND STATIONERS.

Return of a Birth, Baltimore, 1883

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December the 20 1883*
4. Place of Birth (Street and Number) *No 61 Chamberlayne St*
5. Full Name of Mother *Pharmelia Richards*
6. Mother's Maiden Name *Pharmelia Moxley*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Richards*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. E. Ball*
- Address *No 171 South Charles St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20 1883

4. Place of Birth, (Street and Number)

245 1/2 William st

5. Full Name of Mother

Mary Allen

6. Mother's Maiden Name,

Reinag

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo S Allen

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

Every person practicing midwifery in the City of Baltimore, or whose character or experience in the practice of midwifery is such as to entitle him to the honor of being a midwife, shall, hereafter taken place, shall keep a true and correct record of all the births which he shall attend, and shall, at the expiration of each month, send a list of the same to the Registrar of Vital Statistics, who shall cause the same to be entered in a book to be kept for that purpose, and shall also send a copy of the same to the Registrar of the City of Baltimore, who shall cause the same to be entered in a book to be kept for that purpose. The Registrar of Vital Statistics shall also cause a copy of the same to be sent to the Registrar of the City of Baltimore, who shall cause the same to be entered in a book to be kept for that purpose. The Registrar of Vital Statistics shall also cause a copy of the same to be sent to the Registrar of the City of Baltimore, who shall cause the same to be entered in a book to be kept for that purpose.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

White

December 20th 1883

190 Tremont St

Anna Magdalena Miller

Anna Magdalena Klug

205 Pine St. Baltimore Md.

Thanasius Miller

Shoe Maker

Karhessen

Susan Hunter

21st Poppleton St

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall retain the same during the month, and shall not forget, as far as the same can be ascertained, the full name of each child, of any issue shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and in the place, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 20 ad 1883

4. Place of Birth, (Street and Number)

No. 390, Hanover st.

5. Full Name of Mother,

Esther Berlin

6. Mother's Maiden Name,

Dorsey.

7. Mother's Birthplace,

America

8. Full Name of Father,

Michel Berlin

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Ireland.

Name of Medical Attendant,

or other Person who makes this Return

J. Schwaesser midwife

Address,

331 Hanover st.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11210.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec. 20. 1883.

4. Place of Birth, (Street and Number)

39 Whiteout St.

5. Full Name of Mother,

Cassandra Washington.

6. Mother's Maiden Name,

Fleming.

7. Mother's Birthplace,

Louisa Co., Va.

8. Full Name of Father,

Sam'l. Washington.

9. Father's Occupation,

Painter.

10. Father's Birthplace,

Maryland.

Name of Medical Attendant, or other Person who makes this Return

O. E. Fleming, M.D.

Address,

242 W. E. St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Moreover, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the name on a birth certificate, which certificate he shall forward to the person transacting millinery in the City of London, who shall be responsible to the birth registrar for the same. The full name of each child, the sex, colour, the full name and designation of the parent or parents, the date and hour of birth, the name of the midwife, the name of the registrar, the name of the hospital, and the name of the district, shall be entered on the certificate, between the first and third day of each and every month to the Board of Health. In the case of the birth of any child shall without the attendance of a physician, or of a practitioner of midwifery, the name of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this Act, shall be liable to a fine not exceeding ten pounds, and shall pay such a fine, to be recovered as other fines and penalties are now recovered.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 20 1883

4. Place of Birth, (Street and Number) 13 58 58 Burgundy Alley

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace, Caroline County Ma

8. Full Name of Father, John Wesley Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant,

or other Person who
makes this Return

Deborah Thomas

Address,

71 Burgundy Alley

Remarks,

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 of December 1883

4. Place of Birth, (Street and Number)

334 1/2 Central Avenue

5. Full Name of Mother,

Kunigunda Diller Diller

6. Mother's Maiden Name,

Kunigunda Diller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Diller

9. Father's Occupation,

Schooler

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Miss Christina Lauer

Address,

173 Maryland Avenue

Remarks,

Baltimore, Md.

[illegible]

175 ✓ ✓

A Child

Little Girl.

White, Race.

20. December 1883

Baltimore Frederick Ave

Apr. 8. Ammilen.

Lizzie Meyer

Buchen Germany

Mr. Simonsen.

Bayer Germany

Brewster.

or other Person who
makes this Return

Mr. Miller.

10/7. Went Pratt at city

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Births
1. Sex, (state whether male or female) 2 Females twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26th 1883
4. Place of Birth, (Street and Number) No 13 Heath Street
5. Full Name of Mother, Catherine McManis
6. Mother's Maiden Name, Catherine Brandt
7. Mother's Birthplace, Balt City Md
8. Full Name of Father, Michael McManis
9. Father's Occupation, Brick maker
10. Father's Birthplace, Ireland County Clare
- Name of Medical Attendant, C. Hinton
or other Person who makes this Return
- Address, No 79 Brandt Street
- Remarks,

Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 21st 1883

4. Place of Birth, (Street and Number)

163 Harford Ave

5. Full Name of Mother,

Harriet E. Logue

6. Mother's Maiden Name,

" " Lucas

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James A. Logue

9. Father's Occupation,

Caper Hanger

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Margaret A. Winter

Address,

186 Harford Ave

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 December 1883

4. Place of Birth, (Street and Number)

220 Hudson street

5. Full Name of Mother,

Adaline Acha

6. Mother's Maiden Name,

Adaline Dummer

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Valentine Acha

9. Father's Occupation,

Millman

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Gay street

Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ...

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*7. *Mother's Birthplace.* . . .

8. *Full Name of Father.*

9. *Father's Occupation.*10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Female

December 21/1883

424 *Allicama* N.

Anna Schuberlein

Löffler

Gerhard

Andrew Scholerlein

Schornstein

her me any

Mr. Louis Kraft

286 Canton Ave

H 126

Baltimore City.

4

Dec 21. 83

H. Harschington 1 8

Murray Lamm Lenskyj

2. Mr. Ross

..... 1922

St. Andrews, Nova Scotia

Völkner.

West Virginia

Wm. F. Johnson, R. R. 1, New York

Q. R. Griffith, Treasurer. 11/21/

[illegible]

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall, within three days after the birth, enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth, in concise and legible handwriting, the name of the child, its sex, its position of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in the presence of any child shall be a misdemeanor, and in any case of neglect or refusal to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 21st 1888*

4. Place of Birth, (Street and Number) *Longfellow St No 211*

5. Full Name of Mother, *Miriam Miller*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *George P. Miller*

9. Father's Occupation, *Baller*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs R. Miller*

Address, *48 E. Baltimore St*

Remarks,

advised at the birth of every child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1896

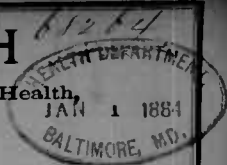
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 21st (1883)*
4. Place of Birth, (Street and Number) *389 1/2 E. 11th St*
5. Full Name of Mother, *Catharine Sement*
6. Mother's Maiden Name, *Catharine Shepherd*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Shepherd*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Bentley*
- Address, *25 Columbia St*
- Remarks, *Child Siring*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Dec
4. Place of Birth, (Street and Number) 300 E. Pratt St
5. Full Name of Mother, Isabella Woodford
6. Mother's Maiden Name, Winchester
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James L. Woodford
9. Father's Occupation, Merchant
10. Father's Birthplace, Leicester Co. Md
- Name of Medical Attendant, J. H. Groff or other Person who makes this Return
- Address, 137 Gilman St
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec: 21st
4. Place of Birth, (Street and Number) No: 24 Hollins St.
5. Full Name of Mother, Pauline Latz
6. Mother's Maiden Name, Pauline Kaufman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Abraham Latz
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Dr. Leonard
Address, No: 2 Cathedral St.
Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred since his or her care during the month immediately preceding the birth, and shall be filled up by the physician, midwife, or other person who has been authorized by the Board of Health to receive such returns. The day and place of its birth, and the full name and occupation of its parents, the day and certificate, between the first and third day of each and every month, in the case of a birth of any child shall occur, the attendance of a physician, or of a practitioner of midwifery, or of any other person authorized by the Board of Health, to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of failing to comply with the provision of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Dec 21st 1883*
4. Place of Birth, (Street and Number) *69 1/2 st Mary street*
5. Full Name of Mother, *Eugenie Upham*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Prince George Co. Va.*
8. Full Name of Father, *Henry Upham*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Prince George Co. Va.*
- Name of Medical Attendant, or other Person who makes this Return *Heiter Bolence*
- Address, *69 1/2 Little monument street*
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical constitution, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, ...

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

11267
True
Male
White
Dec 21st 1893
147 Williams St
Lynea Virginia Strong Long
Laura Virginia Strong
Mary Anne County Md
Virginia Long
Quinn
Bridgeport New Jersey
Mrs M. D. Little
4155 Montgomery St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 21st
4. Place of Birth, (Street and Number) 280 N Bond
5. Full Name of Mother, Hannah Borsley
6. Mother's Maiden Name, Hannah Botchert
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas William Borsley
9. Father's Occupation, Shoemaker workman
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return Dr. Wm. H. Bausch + Co.
- Address, 44 N Bond
- Remarks, Instrumental

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1890

11

- pt.

Female

White

December 21, 1933

66 Dolphin B

Elizabeth M. Rider

Elizabeth M. Dyer

Germany

Jacob Rides

Евгений

Boal

A. C. Allen

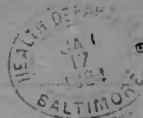
No. North Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1879

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 22^d 1883

4. Place of Birth, (Street and Number)

St. 49th & Franklin

5. Full Name of Mother...

Annie Mc Dermott

6. Mother's Maiden Name,

Annie Hart

7. Mother's Birthplace,

City Balt.

8. Full Name of Father,

James Mc Dermott

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

City J. M. Robinson M.D.
75th & Franklin St.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

I, the undersigned, being a duly qualified physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child.
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 22^d 1883.

4. Place of Birth, (Street and Number)

143 P. Sharp.

5. Full Name of Mother,

Eva Hennighausen.

6. Mother's Maiden Name,

" Lepley.

7. Mother's Birthplace,

Frostburg, Md.

8. Full Name of Father,

Rev. F. P. Hennighausen.

9. Father's Occupation,

Minister.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant,

or other Person who
makes this Return

R. J. N. Tall, M.D.

Address,

152 Sharp St.

Remarks,

any person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall, at the expiration of each month, submit to the Registrar a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, and the sex, color, the full name and occupation of its parents, the day and hour of its birth, and the names and positions of the attendants. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be deemed the duty of the parent or person attending the birth, to cause the birth to be registered, and to sign the certificate of birth, and to submit the same to the Registrar, under penalty of a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 88273

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, (168 Central av cor Edward St.)

4. Place of Birth, (Street and Number) December 22, 1883

5. Full Name of Mother, Fredericka Paulous.

6. Mother's Maiden Name, " Dutch

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Paulous

9. Father's Occupation, Lager Beer Salloon

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return W. A. Bull

Address, 185 S.E. cor Central av. Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 27th 1883
4. Place of Birth, (Street and Number) 77 Hamburg St
5. Full Name of Mother, Louisa Hagood
6. Mother's Maiden Name, Louisa Hohn
7. Mother's Birthplace, City
8. Full Name of Father, Samuel Hayward
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return H. D. Scott M.D.
- Address, 5011 N. Ave.
- Remarks,

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *December 22 1883*
4. Place of Birth, (Street and Number) *31 Bank St*
5. Full Name of Mother, *Jennie Dressel*
6. Mother's Maiden Name, *Beckmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frederick Dressel*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Kraft*
- Address, *236 Canton Ave*
- Remarks, _____

of Baltimore, under whose charge he is appointed, that every person practicing midwifery in the City of Baltimore, shall be licensed by the Board of Health, and shall be subject to the regulations of the Board of Health. This certificate shall contain a list of the births which have occurred under his or her care, and shall be filed in the office of the Registrar of Vital Statistics, and shall be subject to the inspection of the Board of Health. In case the Registrar of Vital Statistics shall find that any name shall have been conferred, in sex, color, the full name and occupation of the child, and the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, who shall be authorized to issue the same, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time prescribed by the Board of Health, and in the case of the births and deaths of illegitimate children, and of children born of women who are not married, the Registrar of Vital Statistics shall be authorized to issue a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 22nd, 1883*

4. Place of Birth, (Street and Number) *No 16 Bakers Ct*

5. Full Name of Mother, *Margaret Wentz*

6. Mother's Maiden Name, *Margaret Kuhlmann*

7. Mother's Birthplace, *Amendorf Amforden Germany*

8. Full Name of Father, *John Jacob Wentz*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Sellingz Baden*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Anna Dornier*

Address, *60 North Shraden*

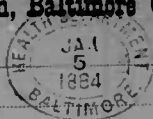
Remarks,



That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by his or her care-taker of Health. This schedule shall contain a full and correct statement of the date and place of birth, the sex, color, the full name and occupation of its parent, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the office, to the birth officer, between the first and third day of each month, or at such other intervals as may be directed by the birth officer. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 of December*
4. Place of Birth, (Street and Number) *338 Canton Ave*
5. Full Name of Mother, *Margarethe Infang*
6. Mother's Maiden Name, *First*
7. Mother's Birthplace, *Bavaria (Germ.)*
8. Full Name of Father, *Joseph Infang*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Naffau (Germ.)*
- Name of Medical Attendant, or other Person who makes this Return *J. Behnken*
- Address, *54 Essex St.*
- Remarks,

1525A

1950

7th

22 June

2nd Lt

Dec 29 ad 1883

98 *Amantia* 1908

6. 30. 1911. 1911. 1911.

Parasitism

1007

Small Pictures

1917

..... 0.03171

Time 6 seconds

1346. *Leucostictus* sp.

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *1253*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 22nd*

4. Place of Birth, (Street and Number) *352 N. Baltimore Street*

5. Full Name of Mother, *Mrs. Lizzie V. Fullings*

6. Mother's Maiden Name, *Lizzie V. Lane*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Frank. H. Fullings*

9. Father's Occupation, *Super. Sewing Machine Business*

10. Father's Birthplace, *N. J.*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

*H. F. Hill M.D.
S. W. Co. E. Emerson & Schuler St.*

And be it further enacted and ordained: That every person presiding midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care and shall be filled up by the person presiding midwifery, and shall be signed by him or her, and the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of illegitimate children, and in case the parent or parents of such child shall neglect to do so, the person presiding midwifery shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 December

4. Place of Birth, (Street and Number) 229 D'alough

5. Full Name of Mother, Healie Seric

6. Mother's Maiden Name, Walber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Seric

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. C. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

9th
Male
white
Dec 22
631 Stannard St
Sarah Staylor
" Eliason
City
Henry Staylor
bricklayer
City
J C Birchm
151 Stannard St

Let any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22nd December 1885*
4. Place of Birth, (Street and Number) *66 Cutting St.*
5. Full Name of Mother, *Mary Elizabeth Bull*
6. Mother's Maiden Name, *Annie Elizabeth Bone*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *William H. Bull*
9. Father's Occupation, *Green*
10. Father's Birthplace, *Washington*
- Name of Medical Attendant, or other Person who makes this return *W. Maennel Midwife*
- Address, *228 Annapolis St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22nd December 1918

4. Place of Birth, (Street and Number)

227 W. Elder St.

5. Full Name of Mother,

Henrietta Eliza Rau

6. Mother's Maiden Name,

Blankart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gerard Rau

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Henrietta Glascock

Address,

W. Elder St. 521

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 22, 1883

4. Place of Birth, (Street and Number) 9 Lummolt Court

5. Full Name of Mother Maggie Fisher

6. Mother's Maiden Name, Maggie Black

7. Mother's Birthplace, Germany

8. Full Name of Father, Andie Fisher

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Ann Kish

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1899

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *December 22*
 4. Place of Birth (Street and Number) *Baltimore Street st. No 150*
 5. Full Name of Mother *Jane ~~Gillman~~ Gillie*
 6. Mother's Maiden Name *Jane Lampe*
 7. Mother's Birthplace *London England*
 8. Full Name of Father *Gilman Gillie*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this Return. *Wm. M. Shaffer*
 Address *116 Ridgely St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 68292

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Child

1. Sex, (state whether male or female)

Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 22. 83.

4. Place of Birth, (Street and Number).

* 244 Stiles St.

5. Full Name of Mother.

Elizabeth Jones

6. Mother's Maiden Name.

Elizabeth Pierce

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Jones

9. Father's Occupation,

Printer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Charles Morgan

Address,

* 147 W. Baltimore St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 23d 1893

4. Place of Birth, (Street and Number)

No. 8 Boundary Avenue

5. Full Name of Mother

Barbara B. Ford

6. Mother's Maiden Name

Barbara C. Bigham

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank B. Ford

9. Father's Occupation

Commercial Traveller

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this return.

H. P. Nelson, Jr. M.D.

Address

146 Park Avenue

Remarks

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4^t

1. Sex, (state whether ~~male~~ or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, _____
 4. Place of Birth, (Street and Number) _____
 5. Full Name of Mother, _____
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, _____
 8. Full Name of Father, _____
 9. Father's Occupation, _____
 10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return

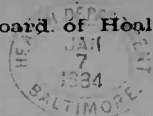
Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Dec. 23rd 1883.*

4. Place of Birth, (Street and Number) *#8 Kensington St.*

5. Full Name of Mother, *Ada T. Smith.*

6. Mother's Maiden Name, *McLafferty.*

7. Mother's Birthplace, *Frederick Md.*

8. Full Name of Father, *John P. Smith.*

9. Father's Occupation, *Machinist.*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *W. H. G. G. G.*

Address, *110 E. Lombard St.*

Remarks.

That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, within the month of the birth, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause its birth to be registered in the Registrar of Health, in the manner and to the effect herein provided, and any person or persons who shall heretofore fail to comply with the provisions of this Act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 23rd

4. Place of Birth, (Street and Number)

159 N. Fremont St

5. Full Name of Mother, ...

Mrs. Rebecca Gill

6. Mother's Maiden Name,

Jones

7. Mother's Birthplace,

Balto Co. Md.

8. Full Name of Father,

John C. Gill

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Va.

Name of Medical Attendant,

or other Person who makes this Return

J. F. Hill M.D.

Address,

232 E. ...

Remarks,

Supposed to be ...

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 11300

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 23 1883

4. Place of Birth, (Street and Number) 29 Holland St.

5. Full Name of Mother, Elsie Brant

6. Mother's Maiden Name, Armer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Wm Brant

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, Harry Stein

Address, 151 E. Pratt St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65301

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 23, 1883

4. Place of Birth (Street and Number)

574 W. Baltimore St

5. Full Name of Mother

Sarah E. Philpot

6. Mother's Maiden Name

" " Catrup

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Philpot

9. Father's Occupation

attorney at law

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Thomas, M.D.
66 E. Baltimore St

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex (state whether male or female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Oct. 23, 1883.*
4. Place of Birth (Street and Number) *#51 W. John St.*
5. Full Name of Mother *Amanda C. Brown.*
6. Mother's Maiden Name *Amanda Catherine Beckel.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Dr. James Brown.*
9. Father's Occupation *Physician.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. James Brown.*
- Address *#51 W. John St.*
- Remarks

That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the name of the mother, the name of the child, the date of the birth, the sex, color, the full name and occupation of the parents, the day and hour of the birth, the place of birth, the name of the physician, or of a practitioner of midwifery, who attended the birth, and the name of the person to whom the child was committed. The schedule shall be filled out by the person attending the birth, and shall be signed by the practitioner of midwifery, or by the physician, or by the person attending the birth, and shall be filed in the office of the Commissioner of Health. The schedule shall be retained in the office of the Commissioner of Health for a period of ten years, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23^d Dec. 1883.*

4. Place of Birth, (Street and Number) *71. South. Sharp. corner of Dover.*

5. Full Name of Mother, *Elyza Jane Wildmann.*

6. Mother's Maiden Name, *Elyza Jane Bennett.*

7. Mother's Birthplace, *Cumberland Md.*

8. Full Name of Father, *Louis. Wildmann.*

9. Father's Occupation, *Furniture finisher.*

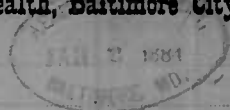
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Prof. Mäus
1 Lindenfall St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

18309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC.
20,
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 23^d 1883*
4. Place of Birth (Street and Number) *228 Carrollton Ave*
5. Full Name of Mother *Leaura P. Tregallis*
6. Mother's Maiden Name *" " Smyck*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *J. R. Tregallis*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Fredrick Maryland*
- Name of Medical Attendant, or other Person who makes this Return *W. B. Stellan, M.D.*
- Address *247 Carrollton Ave*
- Remarks

And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall take place, shall be bound to fill out and forward to the Registrar of Births, a blank schedule to be furnished by the Committee on Births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at any name assigned, the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, the address of the medical attendant, and the remarks. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the mother be deceased, or the child be born dead, or the child be born illegitimate, or the child be born within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

December 25th 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / ^{of} 7.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 23rd 1883*

4. Place of Birth, (Street and Number) *214 Gough St.*

5. Full Name of Mother, *Annie Tibball*

6. Mother's Maiden Name, *Annie Mackest*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Bernhard Tibball*

9. Father's Occupation, *Coach-Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 137 S. Wolfe St.*

Remarks, *(11)*

68310

Mrs. Mary Amend

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) .

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*8. *Full Name of Father.*9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks.

Second
Female
White

December 23, 1883.

S. E. cor. Broadway x Barnes St.

Anthonye Washmuth

Wacker

Baltimore

John Washburn
Cigar Store

Baltimore

Josephina Konrad

Barnes St



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 24th 1883*

4. Place of Birth (Street and Number) *305 Mosher St*

5. Full Name of Mother *Sallie O. Denton*

6. Mother's Maiden Name *Sallie O. Ward*

7. Mother's Birthplace *Calvert City Md*

8. Full Name of Father *John W. Denton*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Calvert City Md*

Name of Medical Attendant, or other Person who makes this Return. *Julius Hall Md*

Address *317 Mosher St*

Remarks

DIRECTIONS.—And be it enacted, That every person practicing midwifery, in the City of Baltimore, shall be and he is hereby required to keep a book or books, in which he or she shall register of such births, and shall enter the same in a blank schedule to be furnished by the Comptroller of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, place of birth, name of the mother, and the name of the father, and shall also contain a certificate, between the first and third day of each and every month, to the Board of Health, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 24th 1883

4. Place of Birth, (Street and Number)

328 Hamburg St.

5. Full Name of Mother,

Lizzie Boetcher

6. Mother's Maiden Name,

Jinkand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Boetcher

9. Father's Occupation,

Turner

10. Father's Birthplace,

Kur - Heze - Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Kool

Address,

328 Fourth E. Baltimore

Remarks,

of Baltimore City. And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who shall be licensed to do so by the Board of Health, shall be bound to keep a book, in which he shall enter the names of all the children born in the City, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any), the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the name of the father, the occupation of the father, the date of the birth, and the date of the death of the child, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance at the birth of a child, and the name of the child, the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the name of the father, the occupation of the father, the date of the birth, and the date of the death of the child, shall be ascertained, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 200.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 24th. 1883.
 4. Place of Birth, (Street and Number) 105 E. Biddle St.
 5. Full Name of Mother, Caroline Ritchert
 6. Mother's Maiden Name, " Bulchins
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Ritchert
 9. Father's Occupation, Grocer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return W. A. Bull
 Address, 185 S. E. on Central av & Monument St
 Remarks, All Well

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the original of the same in his possession during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full schedule shall be delivered, duly signed by the practitioner, in the form of a birth record, to the Commissioner of Health, and the original of the same shall be retained by him. And the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24 December 1888*

4. Place of Birth, (Street and Number) *458 W. Pratt st*

5. Full Name of Mother, *Augusta Friederich*

6. Mother's Maiden Name, *Augusta Berg-hak*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Gustav Friederich*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Seebach*

Address, *439 W. Pratt st*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 December 1883*
4. Place of Birth, (Street and Number) *Curleys street*
5. Full Name of Mother, *Mary L. Gables*
6. Mother's Maiden Name, *Mary L. Baker*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William L. Gables*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Irish Gables*
Address, *104 Curleys street*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether ~~man~~ or female) *Boy*
2. Race or Color, (if not of the white race) *24. 83*
3. Date of Birth, *E. Lombardi No. 331*
4. Place of Birth, (Street and Number) *Princeton, N. J.*
5. Full Name of Mother, *Barbara*
6. Mother's Maiden Name, *Nicholas Pfeffer*
7. Mother's Birthplace, *Westchester*
8. Full Name of Father, *Barbara*
9. Father's Occupation, *Barbara*
10. Father's Birthplace, *Barbara*
Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. K. K. K.*
Address, *Dr. J. H. K. K. K.*
Remarks,

sections 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall forthwith deliver the same to the said Commissioner, to be filed among the communications relating to the birth, and shall not, until so delivered, be permitted to discharge the mother, or to deliver the infant, or to contract the puerperal, and shall not, as far as his name can be ascertained, the full name of each child, nor any name shall have been conferred, till the next, or the full name and occupation of the parents, the day and hour of the birth, the sex, color, the full name and occupation of the midwife, the name of the physician, and certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, for the purpose of procuring a certificate, the name of the person attending the birth, and the name of the child, shall be entered by the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of still-born children, or of children born dead, or of children born so diseased as to be immediately and inevitably subject to death, or of children born so diseased as to be preserved as other than casualties, and otherwise.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c) 1 1

Sex (state whether Male or Female)

Female

Race or Color (if not of the white race)

Colored

Date of Birth

24 Dec 1883

Place of Birth (Street and Number)

136 York St

Full Name of Mother

Annie Richfield

Mother's Maiden Name

Annie Richfield

Mother's Birthplace

Baltimore

Full Name of Father

Geo Williams

Father's Occupation

Dayman

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes the Return.

Emily Pugh

Address

136 York St City

Remarks

None

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *color*

3. Date of Birth *december 24 1883*

4. Place of Birth (Street and Number) *in Rear of 46 East St*

5. Full Name of Mother *Mary marlin*

6. Mother's Maiden Name *Mary hayes*

7. Mother's Birthplace *greenan County, ind*

8. Full Name of Father *John marlin*

9. Father's Occupation *laborer*

10. Father's Birthplace *Philadelphia Penn*

Name of Medical Attendant, or other Person who makes this Return. *none Horace Commons*

Address *residen 46 East St*

Remarks *mid wife* *Eliza Commons*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Section C.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

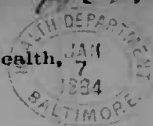
Address,

Remarks,

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



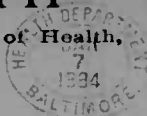
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 24th 1883*
4. Place of Birth, (Street and Number) *Close near Monument St.*
5. Full Name of Mother, *Anna Murray*
6. Mother's Maiden Name, *Huffy*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William Murray*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. H. H. H. H.*
- Address, *818 E. Monument St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 24th 1883.

4. Place of Birth, (Street and Number)

N. E. Greenmount Ave. & Charles

5. Full Name of Mother,

Katie Guehy

6. Mother's Maiden Name,

Mc Gann.

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

John Guehy

9. Father's Occupation,

Drinner

10. Father's Birthplace,

Ireland.

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Mc Ginnis

Address,

182 E. ...

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the mother and child, the sex and color of the child, the date of birth, the place of birth, the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each month, to the Board of Health, or to the officer or officers appointed by the Board of Health, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period alone required, except in the case of those births and deaths of illegitimate children, and any other births and deaths, which may be reported to the Board of Health, and which shall be subject to a fine of ten dollars for each offense, to be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d. Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *24th of December, 1883.*
 4. Place of Birth, (Street and Number) *No 62. Camden. St*
 5. Full Name of Mother, *Jessie Mc Kenzie*
 6. Mother's Maiden Name, *Jessie " " "*
 7. Mother's Birthplace, *Scotland*
 8. Full Name of Father, *James. Mc Kenzie*
 9. Father's Occupation, *Plaster*
 10. Father's Birthplace, *Scotland*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. M. E. Hunley*
 Address, *94 N. E. Len. St.*
 Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

...in the City of Baltimore.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SECTION 9.—And be it further enacted, and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, in the following manner, to wit: That every person practicing midwifery in the City of Baltimore, shall enter on the said schedule, in full and true language, the name of the child, the sex, the race, the color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first and last of the said parents, and every one of them, to be kept by them as a permanent record of their child's birth, and the said certificate shall be retained by the practitioner, who shall be bound to produce it, on demand, to the Commissioner of Health, in case the duty of the parent or parents is such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any other person or persons who may be liable to a fine or penalty, and who may be liable to a fine or penalty for each offence, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *female*

2. Race or Color *Colored* (if not of the white race)

3. Date of Birth, *Dec 24*

4. Place of Birth, (Street and Number) *18 Melrose Ave*

5. Full Name of Mother, *Annie Lee*

6. Mother's Maiden Name, *Lee*

7. Mother's Birthplace, *W. Va*

8. Full Name of Father, *John Lee*

9. Father's Occupation, *W. Va*

10. Father's Birthplace, *W. Va*

Name of Medical Attendant, *Messant Gray*

or other Person who makes this Return

Address, *Melrose Ave*

Remarks, *W. Va*

the doctor, midwife, or other person in charge, who shall attend, assist or attend any child, within the City of Baltimore, shall report to the registrar aforesaid, on or before the day thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 68231

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 24, 1883

4. Place of Birth, (Street and Number)

210 William St.

5. Full Name of Mother

Margaret Mattingley

6. Mother's Maiden Name,

" " Sherman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Mattingley

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,

That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall make and sign a birth certificate, which shall be filed in the Office of Health, and shall be subject to the inspection of the Board of Health, and shall be subject to the penalty of a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, December 22nd 1888.

4. Place of Birth, (Street and Number) No. 3, Cedar Alley.

5. Full Name of Mother, Barbey Judson

6. Mother's Maiden Name, Remlin

7. Mother's Birthplace, Stoneback

8. Full Name of Father, Levi Judson

9. Father's Occupation, Bather

10. Father's Birthplace, Burgan.

Name of Medical Attendant, or other Person who makes this Return Anna Judson

Address, 45. S. Howard

Remarks, _____

Return of a Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

DEC
24
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male

White

Dec 24th 1883

St. Vincent's Infirmary Asylum

Maggie Lyons
Md.

Sister of charity

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *22*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *24th Dec 1883*

4. Place of Birth, (Street and Number) *Douglas St*

5. Full Name of Mother, *Emma Smith*

6. Mother's Maiden Name, *Baltimore City*

7. Mother's Birthplace, *Frederick*

8. Full Name of Father, *Sailor*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Horrell Jackson*

Address, *Fareed St*

Remarks, *At 5*

or other Person who makes this Return

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank certificate to be furnished by the Commission-ers of Health, and shall file the same in the office of the Registrar of Vital Statistics, within the first month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner, and at the time, and place, and under the penalty, provided in this section, and the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *22*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *24th Dec 1883*

4. Place of Birth, (Street and Number) *27 Douglass St*

5. Full Name of Mother, *Emma Smith Taylor*

6. Mother's Maiden Name, *Emancie Smith*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Fredrick Sailors*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Harriell Jackson*

Address, *1115 Forest St*

Remarks,

Records of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

883-35

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Dec 24 th 1883

4. Place of Birth, (Street and Number)

47 Charles St 2nd floor S of Franklin

5. Full Name of Mother.

Alice Sheppard

6. Mother's Maiden Name,

Boston

7. Mother's Birthplace,

Balti Md

8. Full Name of Father.

Benj F Sheppard

9. Father's Occupation,

Merchant

10. Father's Birthplace.

Balti Md

Name of Medical Attendant,

or other Person who makes this Return

W. B. Billings

Address.

206 E. Prater St

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 25th 1894
4. Place of Birth (Street and Number) 105 N. Central Ave.
5. Full Name of Mother Mary Gause
6. Mother's Maiden Name Widener
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Francis G. Gause
9. Father's Occupation Dr.
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Francis G. Gause M.D.
- Address 105 N. Central Ave.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name,*

7. *Mother's Birthplace:*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

RETURN OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with him, and shall retain the same for one year after the birth, and during the month, and shall see forth so far as the same can be ascertained, the full name of such child at the time of its birth, and the date of its birth, and the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the father of the child, and to the mother, and to the physician, or of a practitioner of midwifery, who shall not allow any child to be born, until the attendance of a physician, or of a practitioner of midwifery, or of the parent or parents of such child to report its birth, and the full name of the child, and the date of its birth, and the sex, color, and the full name and occupation of its parents, and the said schedule shall be subject to a fine of ten dollars for each offence, to be recovered in other lines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 25 December
 4. Place of Birth, (Street and Number) No. 8 Hill St
 5. Full Name of Mother, Polina Wistinghansen
 6. Mother's Maiden Name, Polina Lang
 7. Mother's Birthplace, Denmark
 8. Full Name of Father, Ludwig Wistinghansen
 9. Father's Occupation, Black Smith
 10. Father's Birthplace, Denmark
 Name of Medical Attendant, or other Person who makes this Return Mrs. Ette
 Address, No 13 Cedar St
 Remarks,

SECTION 4.—And, be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Comptroller of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of the month of January, and shall be filled up and returned to the Comptroller of Health, on or before the first day of the month of February, and shall be subject to the inspection of the Comptroller of Health, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, before the first and third day of each and every month to the Board of Health. In case the practitioner shall neglect to deliver the said schedule as required, he or she shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 25th 1883*

4. Place of Birth, (Street and Number) *171 S. Durham st.*

5. Full Name of Mother, *Rosa Garrett*

6. Mother's Maiden Name, *Malonski*

7. Mother's Birthplace, *Chk.*

8. Full Name of Father, *Pete Garrett*

9. Father's Occupation, *Polish*

10. Father's Birthplace, *Chk.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Elizabeth B. B. B.*

Address, *120 Bank st.*

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of December

4. Place of Birth, (Street and Number) 230 Canton (Stee)

5. Full Name of Mother, Louise McFeth

6. Mother's Maiden Name, = *White*

7. Mother's Birthplace,..... *Baltimore*

8. Full Name of Father, *George W. Smith*

9. Father's Occupation, *Labels*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

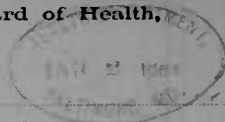
G. Behnken
54 Essex St.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec 25 1883

4. Place of Birth, (Street and Number)

147 Lexington St

5. Full Name of Mother,

Mary Stealey

6. Mother's Maiden Name,

Parsons

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Joseph Henry Stealey

9. Father's Occupation,

Coach Smith

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Marbury Brown M.D.

Address.

68 McCulloch St.

Remarks.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68342

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

25th December, 1883.

4. Place of Birth, (Street and Number)

No. 8. Durham. street

5. Full Name of Mother,

Lizzie Harris

6. Mother's Maiden Name,

Lizzie Reed

7. Mother's Birthplace,

Baltimore, Maryland.

8. Full Name of Father,

Thomas Harris

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore Maryland.

Name of Medical Attendant, or other Person who makes this Return

Susan Morgan. No. 47. Durham st.

Address,

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 25th 2nd P. M. 1893*
4. Place of Birth (Street and Number) *1st Charles St.*
5. Full Name of Mother *Caroline Cecilia Jenkins*
6. Mother's Maiden Name *Charlotte E. Jenkins*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Charles Edmundo Jenkins*
9. Father's Occupation *Artist*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Annelle M.D.*
- Address *299 E. Balto. St.*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

DEC
31
1915

68345

of children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male
Cold

2. Race or Color (if not of the white race)

25 Dec 94

3. Date of Birth

4. Place of Birth (Street and Number)

94 of Spring Street
Lizzie Johns

5. Full Name of Mother

Lizzie Brooks

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Thomas Johns
Carthman

8. Full Name of Father

9. Father's Occupation

Baltimore

10. Father's Birthplace

Annie Dunston
Dallas St

Name of Medical Attendant, or other Person who makes this Return.

Address

122

Remarks

RETURN OF A BIRTH.

68345

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Cold
3. Date of Birth 25 Dec
4. Place of Birth (Street and Number) 94 ex Spring Street
5. Full Name of Mother Lizzie Johns
6. Mother's Maiden Name Lizzie Brooks
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Johns
9. Father's Occupation Cart Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Amie Drunton
- Address 122 ex Dallas St
- Remarks

Record of Vital Statistics in the City of Baltimore.

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under those charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be held to be furnished by the Committee on Health. This schedule shall contain a list of the births which have taken place during the month, and shall set forth, as far as the same can be ascertained, the full name of such child (if male or female), the date of birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, the name of the mother, and the name of the father, and the date of the certificate, between the first and third day of each and every month, to the Board of Health, in the form of a certificate, and shall be subject to the examination of the Board of Health, and the Board of Health may, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 25 1883*
4. Place of Birth, (Street and Number) *425 Eastern*
5. Full Name of Mother, *Katie Heart*
6. Mother's Maiden Name, *White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Heart*
9. Father's Occupation, *Labora*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address. *No 12 Patterson Park av*
- Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) White
3. Date of Birth, December the 25, 1893
4. Place of Birth, (Street and Number) 1 Little St., No. 20.
5. Full Name of Mother, Elisabetha Schänlein
6. Mother's Maiden Name, Elisabetha Bloerwold
7. Mother's Birthplace, Puzos, N. Prussia, Germany
8. Full Name of Father, Lorenz Schänlein
9. Father's Occupation, Carpenter
10. Father's Birthplace, Harlesdorf, N. Württemberg, Germany

Name of Medical Attendant:

or other Person who
makes this Return

Address. Dallas N. H. 26.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4th
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 25th 1893

4. Place of Birth, (Street and Number)

162 William Street

5. Full Name of Mother,

Mary Catharine Jones

6. Mother's Maiden Name,

Mary Catharine Progar

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George H. Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

E. J. Wiley M. D.

Address,

1951 West Lombard Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, to or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1830

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{tes} Kind*
 1. Sex, (state whether male or female) *Mädchen*
 2. Race or Color, (if not of the white race) *Weiß*
 3. Date of Birth, *geboren 25^{ten} December*
 4. Place of Birth, (Street and Number) *N^o 183. S. Aaron Str*
 5. Full Name of Mother, *Wilhelmine Nickel*
 6. Mother's Maiden Name, *Wilhelmine Ninkkj*
 7. Mother's Birthplace, *Deutschland*
 8. Full Name of Father, *Albert Nickel*
 9. Father's Occupation, *Stiebeder*
 10. Father's Birthplace, *Deutschland*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
 Address, *N^o 204. S. Dallas Str*
 Remarks, *Rebarme*

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Committee on Vital Statistics, and shall file the same with the Registrar of Vital Statistics, and shall retain the same until the birth, and shall not forgo, as far as the same can be ascertained, the full name of such child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth record, to the Registrar of Vital Statistics, and shall be retained by him until the child has become the property of any child shall have been without the attendance of a physician, or of a practitioner of midwifery, the child of the parent or parents of such child to report its birth to the Clerk of Health, in the manner and within the time prescribed by the Board of Health, and shall be subject to the provisions of this section and be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*
Female
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *Dec 25th. 1883*
 4. Place of Birth, (Street and Number) *No. 13 Armstrong Lane*
Eastern Barr.
 5. Full Name of Mother, *Clara*
 6. Mother's Maiden Name,
 7. Mother's Birthplace, *America*
 8. Full Name of Father, *Carl Boer*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *J. Schwaister midwife*
 Address, *330 Hanover St.*
 Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose church or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be first filled out by the midwife attending the birth, and shall forth with return the same to the health officer of the City, to be compared during the month, and shall not fail, as far as the same can be ascertained, the full name of each child of every woman shall have been conferred; the sex, color, the full name and occupation of the parents, the name of a certificate, between the first and third day of each year and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the name of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of still-born children, or of children born dead, or of children born so diseased as to be irretrievably dead, or of children born so diseased as to be recovered, as other diseases and casualties are usually designated, a fine of ten dollars for each case, to be recovered, as other fines and penalties are usually recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

S. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Male

25 December

107 Gianberry

Lizzie Knoche
Fisher

Baltimore

Lonis Knoche

Broer

Germany

Sarah Barker

72. C. Lombard street

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *♂ imm. C. g.*

2. Race or Color, (if not of the white race) *Indian*

3. Date of Birth, Dec 21-1885

4. *Place of Birth, (Street and Number)* 1224 1/2 E. 1st Ave.

5. Full Name of Mother, Miss Mary Ann F. Allen

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Wallingford

8. Full Name of Father, *John*

9. *Father's Occupation,* Farmer

10. *Father's Birthplace*, *Calicut*

Name of Medical Attendant, or other Person who makes this Return

Address, *Box 975, Boone, Mo.*

Remarks, _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 25th 1885*

4. Place of Birth (Street and Number) *Beth st 121 Bal*

5. Full Name of Mother *Marguer Harick Morwick*

6. Mother's Maiden Name *Marguer Harick*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Frank Morwick*

9. Father's Occupation *Labor*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Julia Groin*

Address *466 West Gay st*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*8. *Full Name of Father,*9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address, ...

Remarks.

Record of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

ARTICLE II.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall be and he is hereby required to file and to file up a schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its race or color, its date of birth, the name of the mother, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance on the mother, then the name of the practitioner, in the form of a certificate, shall be filed with the Board of Health, in the manner, and within the period therein required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 26th 1883*
4. Place of Birth, (Street and Number) *177 S. Caroline St.*
5. Full Name of Mother, *Catherine Miller*
6. Mother's Maiden Name, *Rehner*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John Miller*
9. Father's Occupation, *Grocer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Elizabeth W. Betz*
- Address, *120 Bank St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Record of Vital Statistics in the City of Baltimore.

Section 6. And be it further enacted and ordained That every person practicing midwifery in the City of Baltimore, under any name or title, shall be licensed by the Board of Health, and shall be subject to the same regulations and penalties as other persons practicing medicine in this city. And be it further enacted and ordained That every person practicing midwifery in the City of Baltimore, under any name or title, shall be licensed by the Board of Health, and shall be subject to the same regulations and penalties as other persons practicing medicine in this city. And be it further enacted and ordained That every person practicing midwifery in the City of Baltimore, under any name or title, shall be licensed by the Board of Health, and shall be subject to the same regulations and penalties as other persons practicing medicine in this city.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, December 26 1883

4. Place of Birth, (Street and Number) 23 Port Allen

5. Full Name of Mother, Anna Rauch

6. Mother's Maiden Name, Gack

7. Mother's Birthplace, Germany

8. Full Name of Father, John Rauch

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Hoops

Address, 236 Canton Ave

Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether all-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

1136a

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "JAN 4 1884" is stamped.

Wm. H. Clarkin,

Address, *17 E. 4th St. Cambridge, Mass.*
Remarks, *Child in good physical, Constitution, & living*

RETURN OF A BIRTH

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

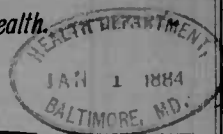
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1883 63

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

December 26 3. A. M. 1883.

4. Place of Birth (Street and Number)

35. N. Shroder St.

5. Full Name of Mother

Mary Mahoney

6. Mother's Maiden Name

Mary Driscoll

7. Mother's Birthplace

Augusta Co Va

8. Full Name of Father

James Mahoney

9. Father's Occupation

Moulder B & O R.R.

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

F. H. Saxton M.D.

Address

Remarks

243. Lexington St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 26th 1893*
4. Place of Birth, (Street and Number) *Southeast-Corner Broadway & Prunes*
5. Full Name of Mother, *Susie Wilson*
6. Mother's Maiden Name, *Susie Maynard*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles Lewis Wilson*
9. Father's Occupation,
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other Person who makes this Return *Chas. B. Ziegler, M.D.*
Address, *282 N. Broadway*
Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, as hereinafter directed, and shall deliver the same to the Registrar of the Board of Health. This schedule shall contain a list of the births which have occurred, his or her name, the sex, color, the full name and designation of its parents, the day and hour of its birth, the month, year, and day of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 2d 1886*

4. Place of Birth, (Street and Number) *Case Street No 8*

5. Full Name of Mother, *Elizabeth Blomberg*

6. Mother's Maiden Name, *Rebecca*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Widrick Hornick*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Thuringia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Lilly*

Address, _____

Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 26th/89

4. Place of Birth, (Street and Number)

144 Moskee St.

5. Full Name of Mother,

Mary Josephine Arthur

6. Mother's Maiden Name,

Mary J. Gerning

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry J. Arthur

9. Father's Occupation,

Banker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. W. W. W.

Address,

N. E. Cathedral St.

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

75369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

er 1st, 4th, 3d, &c.)

- 1st
175
Ship
White

- Shute

- Dec 26th 1883

- 342.5

- Martha K. Rogers

- "The Nation"*

13. *Chrysomelidae*

- Dr. C. H. Brown

- Page 53

- [Handwritten signature]*

Pres. J. R. McKim

146 7th Avenue St. N.W.

Record of Vital Statistics in the City of Baltimore.

Section B.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose certificate of qualification the birth of a child shall be registered, shall be required to keep an exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall also contain a list of the deaths which have occurred under his or her care during the month. The schedule shall be filled up by the midwife, and shall be signed by her, and shall be delivered, duly signed, by the midwife, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall be attended by a physician, or by a practitioner of midwifery, or by a nurse, the midwife, physician, practitioner of midwifery, or nurse, shall be required to sign the schedule, and to deliver it to the Board of Health, within the period above required, except in the case of the births and deaths of illegitimate children, and only person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infant to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second, (2.)*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *No December 26 - 1883 -*
 4. Place of Birth, (Street and Number) *No 491. Eager St*
 5. Full Name of Mother, *Barbara Komenda*
 6. Mother's Maiden Name, *Melichar*
 7. Mother's Birthplace, *Bohemia*
 8. Full Name of Father, *John Komenda*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Bohemia*
 Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*
 Address, *No 20, Barnes St*
 Remarks, _____

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all births occurring in the City, and shall forward the same to the Office of Health during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person to whom attendance upon the mother, immediately thereafter, it shall then become the duty of the physician, or of a practitioner of midwifery, or of any other person to whom attendance upon the mother, shall be required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th December*

4. Place of Birth, (Street and Number) *1220 West E. Avenue East.*

5. Full Name of Mother, *Mary Annise Tucker*

6. Mother's Maiden Name, *Mary Annise Ginkins*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *James Archibald*

9. Father's Occupation, *Miner*

10. Father's Birthplace, *Canada County, Md.*

Name of Medical Attendant, or other Person who makes this Return *Wm. Chas.*

Address, *183 N. E. Ave. St.*

Remarks, _____



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd,

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 27/83

4. Place of Birth, (Street and Number)

114 Harlem Av

5. Full Name of Mother,

Ella Solomon

6. Mother's Maiden Name,

Ella Whitaker

7. Mother's Birthplace,

Mass

8. Full Name of Father,

William Solomon

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who
makes this Return

J. G. Miller M.D.

Address,

188 Franklin St.

Remarks,

[illegible]

5373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

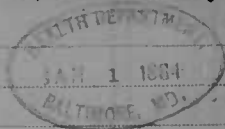


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven.*
 1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *Colored.*
 3. Date of Birth, *December 27th 1893*
 4. Place of Birth, (Street and Number) *No. 216 W. Surham St.*
 5. Full Name of Mother, *Rebecca Bridge*
 6. Mother's Maiden Name, *Rebecca Eaves*
 7. Mother's Birthplace, *Baltimore City.*
 8. Full Name of Father, *John Bridge*
 9. Father's Occupation, *Laborer.*
 10. Father's Birthplace, *Baltimore City.*
 Name of Medical Attendant, or other Person who makes this Return *Loach Walker Attendant*
 Address, *No. 89 W. Spring St.*
 Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65376

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *male Thomas L. L. Co.*

2. Race or Color (if not of the white race) *colored race*

3. Date of Birth *December 21st 1883*

4. Place of Birth (Street and Number) *Baltimore, Maryland*

5. Full Name of Mother *Mary Sophie L. Co.*

6. Mother's Maiden Name *Mary Sophie Brown*

7. Mother's Birthplace *Saint Marie County*

8. Full Name of Father *Edward L. Co.*

9. Father's Occupation *labor*

10. Father's Birthplace *Saint Marie County*

Name of Medical Attendant, or other Person who makes this Return. *George W. L. Co.*

Address *1666 L. L. Co. St. Baltimore, Md.*

Remarks

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

S. H. Child

Female

Dec. 27

Surah & Mc. Graham 1 1784

Healey

America

Jim Mc. Hall

Dairy

No. 364, Church st.

América

S. Schwarz mit ruf.

330 Hanger 21

Remarks.

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 December
4. Place of Birth, (Street and Number) 544 St. N 212
5. Full Name of Mother, Getta Lowenthal
6. Mother's Maiden Name, Getta Kaufmann
7. Mother's Birthplace, Baboldshausen germania
8. Full Name of Father, Joseph Lowenthal
9. Father's Occupation, Stor. Kiber Story Keeper
10. Father's Birthplace, Bromshircken germania
Name of Medical Attendant, or other Person who makes this Return W. Maennel (Midwife)
Address, 228 Charatoga. Balto.
Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within *i.e.* days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~) *German*
3. Date of Birth *12.27.88.*
4. Place of Birth (Street and Number) *150 Pierce*
5. Full Name of Mother *Eliz. Zellmann*
6. Mother's Maiden Name *Rena Renma*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Jno. Zellmann*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Eastman*
- Address *349 Lexington*
- Remarks

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of every birth, and shall cause the same to be furnished by the Committee on Health, during the month, and shall set forth, as far as the same can be ascertained, the full name of such child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date of its death, if it should die within the year of its birth, and the date of its burial, if it should be buried within the year of its birth, and the name of the physician, or of a practitioner of midwifery, or of any other person who shall be in attendance upon the mother, immediately thereafter. It shall then become the duty of the person so required to report to the Registrar of Births and Deaths, in the manner, and within the period above prescribed, a true and correct statement of the facts so required to be reported, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December the 27, 1883*

4. Place of Birth, (Street and Number) *Gough St. No 171*

5. Full Name of Mother, *Mary Schutte*

6. Mother's Maiden Name, *Mary Miller*

7. Mother's Birthplace, *Bald^o Co*

8. Full Name of Father, *Ludwig H. Schutte*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bald^o Co*

Name of Medical Attendant, or other Person who makes this Return

Address, *1824 Gough St. No 26*

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 27, 1883*
4. Place of Birth, (Street and Number) *Polson, D. C.*
5. Full Name of Mother, *Frances F. Mulberg*
6. Mother's Maiden Name, *Frances F. Spengler*
7. Mother's Birthplace, *Harford County, Md.*
8. Full Name of Father, *John Mulberg*
9. Father's Occupation, *bricklayer*
10. Father's Birthplace, *Polson, Md.*
Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*
Address, *H. S. Miller, D. C.*
Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

683823

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Thursday Dec 27th 83

4. Place of Birth, (Street and Number)

149 Boston St

5. Full Name of Mother.

Mrs. Mummert

6. Mother's Maiden Name,

Mary K. Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. H. Mummert

9. Father's Occupation,

Vapor Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. H. H. H.

Address,

512 Calumet St

Remarks,

Baltimore

mal

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

[illegible]

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Committee on the subject of Births, and shall file the same with the Registrar of Vital Statistics, and shall, during the month, and shall set forth, as far as the facts of the case will permit, the name of the mother, any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, and every person who shall neglect to do so, or who shall not set forth the full name and occupation of the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and any person or persons who shall neglect to do so, or who shall neglect to set forth the full name and occupation of the mother, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

27 December 1883

4. Place of Birth, (Street and Number)

32 Portney St

5. Full Name of Mother,

See Bachmann

6. Mother's Maiden Name,

Heisel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

G. F. Bachmann

9. Father's Occupation,

Wine Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M. M.

Address,

1 Louisiana St.

Remarks,

RETURN OF A BIRTH

sections a.—And he to further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall evermore take place, shall keep a true and correct record of the same, and to file the same with the Registrar of Births, at the City Hall, at the expiration of the month. This schedule shall contain in the same the name of the mother, the name of the midwife, the date of the birth, the sex and shall not, as far as the same can be ascertained, the full name of each child or children, and the date and place of the birth, and the occupation of the parents, the day and the hour of the birth, and the date and place of the death of the child or children, and the date and place of the burial of the same. This schedule shall be delivered daily to the Registrar of Births, in two parts. In one part the Registrar of Births shall enter the date and every month in the Board of Health. In the second part, the Registrar of Births shall enter the name of the child or children, the name of the parent or parents, and without the attendance of a physician, or of a practitioner of midwifery, and within the period above provided, except in the cases of the birth and death of illegitimate children, and a list of ten fathers to be given, to be recovered as other data and penalties are applicable to illegitimate subjects.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

December 22nd 1883.

518 1/11 N. Fremont, N.

Lizzie Rubin

Deboy.

Baltimore

John A. Kuhn

Cigarras. B.

Baltimore

Archie L. Loomis

1895, L. H. H. H. H.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, December 27, 1883
4. Place of Birth, (Street and Number) 3 Patterson Ave
5. Full Name of Mother, Mary Agnes Lee
6. Mother's Maiden Name, St Clair
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geo W Lee
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes the Return, Alexander Sims M.D.
- Address, 386 Druid Hill Ave
- Remarks, _____

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 28th, 1883.

4. Place of Birth, (Street and Number)

389 W. Lombard St.

5. Full Name of Mother.

Susan A. Blake.

6. Mother's Maiden Name,

" " Howard.

7. Mother's Birthplace,

Pa

8. Full Name of Father.

John H. Blake.

9. Father's Occupation,

Salesman.

10. Father's Birthplace,

Pa

Name of Medical Attendant,

or other Person who
makes this Return

R. J. N. Tall, M.D.,

Address,

152 Sharp St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65389

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth December 29, 1883
4. Place of Birth (Street and Number) Baltimore Bridge St. 108
5. Full Name of Mother Lizzie Webber
6. Mother's Maiden Name Lizzie Hillen
7. Mother's Birthplace Baltimore
8. Full Name of Father John Webber
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer
- Address 114 Bridge St
- Remarks _____

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth.*

4. Place of Birth, (Street and Number) No. 27 Hull St

5. Full Name of Mother, Charles May

6. Mother's Maiden Name, *Elizabeth Herman*

7. Mother's Birthplace, Harford County Md.

S. Full Name of Father, Emmanuel Hager

9. Father's Occupation, Teacher

19. Father's Birthplace, *St. Louis, Missouri*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Supplied Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 18291

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

Dec 28th 83

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother.

Mary Hazlett

6. Mother's Maiden Name.

Scotland

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

E. H. Wadley

Name of Medical Attendant, or other Person who makes this Return

Address, 161 N. Lombard

Remarks,

11392

timore City.

1. *Journal of the City of Philadelphia*

- Female
December 28/1883
285 Aliceanna St
Ida Cool
Wilmington
- Frank Cool
Watchman
Baltimore
Mrs Louise Kraft
336 Canton Ave

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter be furnished by the Commissioner of Health, shall register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out by the midwife or other person who has attended the birth, and shall be signed by any name shall have been conferred, its sex, color, the full name and occupation of its mother, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the midwife or other person who has attended the birth, shall neglect to deliver the said schedule, or shall deliver the same after the third day of each and every month, he or she shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable within the period above required, except in cases of those who are the parents and devotees of illegitimate children, and who are not subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 28 1883

4. Place of Birth, (Street and Number)

128 Ann St

5. Full Name of Mother,

Louise Weitzel

6. Mother's Maiden Name,

Reidel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Weitzel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Louis Hoff

Address,

236 Canton Ave

Remarks,

H
75-394

timore City.

3. Child

M. C. a. G.

Jewish

18 Jan 1922

J. S. H. H. H. H.

Heinrich Friedenberg

Frieder, Aug.

Russenland

Benedict Friedenberg

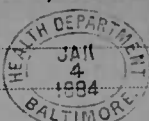
Shoe maker

Russia, Poland

Mass. Kosa Abby

18 Holland 11

•



• **consequence** *As a result of...* and *in consequence of...* **As a result of**

[illegible]

68395

th, Baltimore

— 1 —

1
Fennel

Poland

Dec. 28 H.

1/2 Indigo 1/2 Lin

Long and Hall

October

Baltimore

James Earl

James G. Thompson

Barbours

Chrom. Lith. 1892

9/21 Job and Sister

Extract Regulations of the Board of Health to receive a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 25th 1883

4. Place of Birth (Street and Number)

280 N. Hoffman Street

5. Full Name of Mother

Eugene Estlin Gallen

6. Mother's Maiden Name

Eugene Estlin

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William Edward Gallen

9. Father's Occupation

House & Mill Collar Maker

10. Father's Birthplace

Charlottesville - Virginia

Name of Medical Attendant, or other Person who makes this return

Elizabeth Smith
Jct. 48 Mulberry St. Balt.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 25 1893
4. Place of Birth (Street and Number) 442 Louise Hill and
5. Full Name of Mother Mary E. Graham
6. Mother's Maiden Name " " McLean
7. Mother's Birthplace Delaware
8. Full Name of Father John T. Graham
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Gray
- Address #13 Heland St
- Remarks Healthy Child

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commission-ers of Health, and shall file the same with the Registrar of Vital Statistics, and shall keep the same during the month, and shall set forth, so far as the same may be ascertained, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the attending physician, and every month to the Board of Health, in the form of a certificate, should no other person be in attendance upon the mother, immediately thereafter. It shall then be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the person or persons to whom the same shall be reported, and the said certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1894

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28th of December 1883*
4. Place of Birth, (Street and Number) *115 Spratoga st*
5. Full Name of Mother, *Carrie Rolf*
6. Mother's Maiden Name, *Carrie Miller*
7. Mother's Birthplace, *Jasper st City*
8. Full Name of Father, *Michael Rolf*
9. Father's Occupation, *Box Maker*
10. Father's Birthplace, *Sharp near Crossed City*
- Name of Medical Attendant, or other Person who makes this Return *Susan Shuster*
- Address, *21 st Poppelton St*
- Remarks,

SECTION C.—And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the mother and father of the child, the date of its birth, the place of its birth, and the sex of the child, and shall be signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or the duty of the practitioner shall be such that he or she cannot be present, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3rd Child
Male

Dec 28th 1883

No. 101 Johnson st.

Minna Sessel

Baltimore

America

Phillip Sessel

Storekeeper

America

J. Schaeffer midwife

331 Hanover st.

REPORT OF THE REGISTRAR OF VITAL STATISTICS TO THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

FD 103

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 28th 1883

4. Place of Birth, (Street and Number)

H. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Dean

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6.—And be it further enacted and established, That every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall be taken, shall be required to file with the exact registrar of such birth, and shall enter the same on a blank schedule to be furnished for the same purpose of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filed with the registrar of Health, and shall be subject to the inspection of such child, if any person shall have been conferred, by sex, color, the full name and occupation of the mother, the place of its birth, and the day and hour of each and every month, to the Board of Health. In case the certificate, taken this first and third day of each and every month, by the midwife, shall be found to be untrue, or that the midwife shall be found to be guilty of any offense, the Board of Health shall have the duty of the parent or parents of such child to report to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and in such cases the midwife shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

December 28. - 1883
No 239 N. Bond St
Elizabeth Lima
" Pejril
Baltimore
Rudolf Lima
Tailor
Bohemia

Josephina Konrad

No 20. Barnes St

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh - 7*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 28th 1883*

4. Place of Birth (Street and Number) *1024 W. Gilman St*

5. Full Name of Mother *Fannie Dornay*

6. Mother's Maiden Name *Fannie Murphy*

7. Mother's Birthplace *Harford Co. Md.*

8. Full Name of Father *William Dornay*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Harford Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. O. Higgins M.D.*

Address *441 W. Carey St.*

Remarks *Twins - 8 mos in utero - The first at time of labor presented natural presentation that is in birth.*

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Friday September 29th

4. Place of Birth, (Street and Number)

No 51 Jasper st

5. Full Name of Mother,

Annie M. Stevens

6. Mother's Maiden Name,

Annie M. Sands

7. Mother's Birthplace,

Frederick City Md

8. Full Name of Father,

David B. Stevens

9. Father's Occupation,

Horseless

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Madison Wife Mary Primrose

Address,

No. 51 Down Street

Remarks,

Baltimore Md

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/12/12

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 of December*

4. Place of Birth, (Street and Number) *No. 12 Little, Midding*

5. Full Name of Mother, *Jella Rosenthal*

6. Mother's Maiden Name, *Jella Rosenstin*

7. Mother's Birthplace, *Russia Poland*

8. Full Name of Father, *Louis Rosenthal*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia Poland*

Name of Medical Attendant, or other Person who makes this Return *Miss Christina Lauer*

Address, *173 Starford Avenue*

Remarks, *Baltimore, Md.*

AF 12

AF 12

5 child

female.

Colored.

209 of December

Sp 4 from Row

Martha Harris

martha Curdes

Mykel Lee Co. Kingston

John Harris

labor

41 Eskel, Virginia

or other Person who
makes this Return

or other Person who
makes this Return

Mary Jane Richardson

P. 212 Lower Street

mother and child being spinal

[illegible]

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

684111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

| | |
|--|---------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 ^d |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Dec: 29th/83 |
| 4. Place of Birth, (Street and Number) | 250 W Lomb: St. |
| 5. Full Name of Mother. | Hannah Strauss |
| 6. Mother's Maiden Name, | Hannah Selz |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father. | Abraham Strauss |
| 9. Father's Occupation, | Merchant |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other Person who makes this Return | Dr. Williams |
| Address, | No. 7 Cathedral St. |
| Remarks, | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 29th 1887

4. Place of Birth, (Street and Number)

No 129 Harmony Lane

5. Full Name of Mother.

Emma Brown

6. Mother's Maiden Name,

Emma Robinson

7. Mother's Birthplace,

East Prussia

8. Full Name of Father,

Chas Brown

9. Father's Occupation,

Sabotier

10. Father's Birthplace,

Charles Town

Name of Medical Attendant, or other Person who makes this Return

Charlotte Warr

Address,

258 Water St

Remarks,

None

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29th 1883
4. Place of Birth, (Street and Number) 48 Stockton st
5. Full Name of Mother, Martha J. Bush
6. Mother's Maiden Name, McMillan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Bush
9. Father's Occupation, Mechanic
10. Father's Birthplace, Connecticut

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

192 N. Carey st C. W. Lee M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18417

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth Decem. 29. 1853.

4. Place of Birth, (Street and Number) Johnson St. 122

5. Full Name of Mother Bathson E. Gault

6. Mother's Maiden Name Gault

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Joseph L. Collins

9. Father's Occupation Officer

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Arriver Gault

Address 634. Light St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1915
34
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 29th 1883*
4. Place of Birth, (Street and Number) *266 E. Chase St.*
5. Full Name of Mother, *Anna R. Wifflinger*
6. Mother's Maiden Name, *Schrank*
7. Mother's Birthplace, *Lancaster Pa.*
8. Full Name of Father, *Louis J. Wifflinger*
9. Father's Occupation, *Coal Merchant*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *H. H. G. G. G.*

Address *15 E. ...*

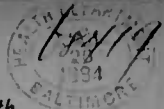
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 29th 11⁴² P.M. 1883.*

4. Place of Birth (Street and Number) *14 Arab Place, Cor. Chase*

5. Full Name of Mother *William A. Brady*

6. Mother's Maiden Name *William A. Brady*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *George A. Brady*

9. Father's Occupation *Police*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *James C. Bonville M.D.*

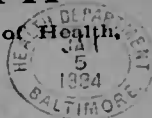
Address *27 E. Madison St.*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

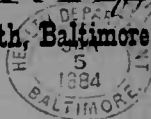


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 29th*
4. Place of Birth, (Street and Number) *112 E. Ann St.*
5. Full Name of Mother, *Hannah Clifford*
6. Mother's Maiden Name, *Porter*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Bernard Patrick Clifford*
9. Father's Occupation, *St. Ann St. Patrick's Church*
10. Father's Birthplace, *City*
- Name of Medical Attendant, *G. P. Jones M.D.*
or other Person who make this return
- Address, *375 E. Balto. St.*
- Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births occurring in the City, and shall file the same with the Registrar of Births, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the first and last day of each and every month in the month of birth. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the father, or parent, or person in attendance upon the mother, to file the same with the Registrar of Births, and the same shall be subject to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



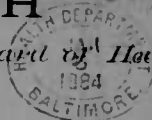
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female), Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, December 29, 1883
4. Place of Birth, (Street and Number) #175, North Bond St. Balt. Md
(Bethel)
5. Full Name of Mother, Lizzie Nash
6. Mother's Maiden Name, Wizzie Jaher
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest Nash
9. Father's Occupation, Cythere
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Caroline Miller
- Address, #5 Walker St. Balt. Md
- Remarks, _____

Return of Birth Statistics for the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *29 of December*
4. Place of Birth, (Street and Number) *76 Myer Street*
5. Full Name of Mother, *Kate Market*
6. Mother's Maiden Name, *Kate Hoffman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Market*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary L. ...*
- Address, *59 Myer Street.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

1
Solard
December 29th 1883
Montgomery St No 204
Sophia Banks
Calvert Co Maryland
Joseph Jefferson
Solard
Sophia Banks
Calvert Co Ma

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in the book provided for that purpose, and shall sign during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the time of its birth, and the day of each and every month, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner, and to the effect, that the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th of December 1853

4. Place of Birth, (Street and Number)

435. cor. Canton or and Port St.

5. Full Name of Mother,

Mary Chenoweth

6. Mother's Maiden Name,

Mary Haus

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andy Chenoweth

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

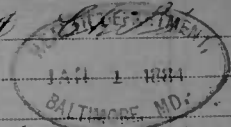
or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

684/56

111

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

December 29, 1883

4. Place of Birth (Street and Number)

191 N. Caroline St.

5. Full Name of Mother

Rebecca J. Hutchens

6. Mother's Maiden Name

" " Smith

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William S. Hutchens

9. Father's Occupation

Japanensis

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Thomas M.D.

Address

66 E. Baltimore St.

Remarks

SECTION C.—And be it further enacted and ordained That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of said birth, and shall retain the same until the child shall have attained the age of one year, and shall be liable to be sworn to her oath to her duty under this or her oath during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the day and hour of its death, the day and hour of its burial, the day and hour of its removal to any place, the name of the physician, or of a practitioner of midwifery, or of any other person to whom the mother, immediately thereafter, it shall then become the duty of the midwife to send the child, and the name of the person to whom the child shall be sent, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Goldye Gartner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6-*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 December 1883

4. Place of Birth, (Street and Number)

164 High Street

5. Full Name of Mother,

Pauline Gartner

6. Mother's Maiden Name,

Kathan

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Abraham Gartner

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard Street

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall happen, shall be bound to furnish to the Commission on Health, a statement in writing, containing a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and age of the mother, the date of the birth, the date of the confinement, between the first and third day of each and every month, to the best of his or her knowledge, or of a practitioner of midwifery, or of any other person be in attendance when the mother, immediately after the birth of the child, shall be discharged from the hospital, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 25 December

4. Place of Birth, (Street and Number) 410 E. Lombard

5. Full Name of Mother, Lizzie Weinreich

6. Mother's Maiden Name, Mieser

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Weinreich

9. Father's Occupation, Schneider

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks, _____

Section 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following questions:—What day and hour was the child born? What place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the presence of the certificate, between the first and third day after the birth, to the Commissioner of Health, who shall file the same in his office, and the said practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

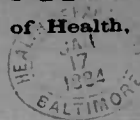
1889
JAN 12 1890
BALTIMORE

Male
White
Dec 30th 1888
848 Conquest St
Mary C. [unclear]
" " " " " " " " " " " "
Baltimore
Chas. J. [unclear]
Cuba [unclear]
Germany
Theodore Cooke M.D.
146 Conquest St

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 30 1883

4. Place of Birth, (Street and Number)

26 Harperd Ave.

5. Full Name of Mother,

Kate Woodson

6. Mother's Maiden Name,

Kate Kenney

7. Mother's Birthplace,

City Falls.

8. Full Name of Father,

N.C. Woodson

9. Father's Occupation,

Machinist

10. Father's Birthplace,

City J.M. Robinson M.D.

Name of Medical Attendant,

or other Person who makes this Return

Address,

15 1/2 Greenl Ave.

Remarks,

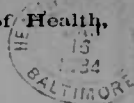
Correct Return of what Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Male
White
Dec 20th 1883
#207 1/2 E. Lombard St.

Mary E. Hall
Edna L. Hall
Cook

Philadelphia, Pa.
Edna L. Hall
152 E. Lombard St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68432

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 of December 1883

4. Place of Birth, (Street and Number)

323 Canal Street

5. Full Name of Mother,

Katie Kreiss

6. Mother's Maiden Name,

Katzi Huber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Kreiss

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Miss Kristina Lauer

Address,

173 Maryland Ave.

Remarks,

Baltimore Md.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1433

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Dec. 20. 1888.

4. Place of Birth, (Street and Number)

305. N. Eden. Street.

5. Full Name of Mother,

Marytha. Wilkinson.

6. Mother's Maiden Name,

Mother Comings.

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

James K. P. Wilkinson

9. Father's Occupation,

Night Watch man.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant,

or other Person who makes this Return

J. E. Heard, M.D.

Address,

216 E. Monument St.

Remarks,

Consolidation of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of ten births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred, its sex, its date of birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, or of a person duly sworn by the Commissioner in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly sworn by the Commissioner in the form of a certificate, the person so attending the birth of the child shall be held responsible to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall nevertheless fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address.

Remarks.

[illegible]

Section 4. — Any person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Registrar of Vital Statistics, at the office of the Board of Health, at the expiration of each month, and shall not be permitted to practice his or her art during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and hour of its birth, the place of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person be in at a residence upon the mother, immediately before, or at the time of its birth, and should no other person be in at a residence upon the mother, immediately before, or at the time of its birth, any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

44

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 30th

4. Place of Birth, (Street and Number)

13 Harrison Alley

5. Full Name of Mother,

Emilia Thorn

6. Mother's Maiden Name,

Behner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Amos Thorn

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

336 Canton Ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall forward the same to the Registrar of Vital Statistics, who shall file the same in his office, and shall retain the original as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name and occupation of the practitioner, in the form of a certificate, which shall be first signed by the parent or parents, and then by the practitioner, and shall be filed in the office of the Registrar of Vital Statistics, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 30 88

4. Place of Birth, (Street and Number) W. Wall St. No 31

5. Full Name of Mother, Mary Stern

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Prussia

8. Full Name of Father, Peter Stern

9. Father's Occupation, Barber

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Wm. J. B. B. B. B.

Address, W. Wall St. No 31

Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 68438

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 30 1883
4. Place of Birth, (Street and Number) do 126 port avenue
5. Full Name of Mother Margaret Ellen Ireland
6. Mother's Maiden Name Margaret Ellen Hatley
7. Mother's Birthplace Maryland
8. Full Name of Father Thomas William Ireland
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. miss Sarah Corral mid-wife
- Address do 317 port avenue
- Remarks mother and child doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

No. 4

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 30

4. Place of Birth, (Street and Number)

382 Sharford st

5. Full Name of Mother,

Mary A Kelly

6. Mother's Maiden Name,

Mary A Henry

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

John I. Kelly

9. Father's Occupation,

Baker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

James E Bayless

Address,

386 Sharford st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored
- Date of Birth, December 10th 1893
- Place of Birth, (Street and Number) 240. Reppert street
- Full Name of Mother, Ida Loveday
- Mother's Maiden Name, Ida Allen
- Mother's Birthplace, Baltimore
- Full Name of Father, Henry Loveday
- Father's Occupation, Laborer
- Father's Birthplace, Hartford Conn
- Name of Medical Attendant, or other Person who makes this Return Henry Ann Dorsey
- Address, 64 E. Chas Lane
- Remarks, five dollars

82741

Baltimore City.

First

Female

Jewish

Tuesday Dec 1883

1400 700 W. Baltimore St.

Fannie Harris

Riceboro

Russia

Russia
 Morris Flann

Thos Fitter

Russia

or other Person who
makes this Return

Mrs Anne Dunder
66 North Shrewsbury St.

JOHN E. MEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sunday Dec 30 1883
4. Place of Birth, (Street and Number) No 17 Rose St
5. Full Name of Mother, Leydellia Ann Blake
6. Mother's Maiden Name, Leydellia Ann Wilson
7. Mother's Birthplace, Pikeville Baltimore County
8. Full Name of Father, Peter Blake
9. Father's Occupation, a Water
10. Father's Birthplace, West River M D

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Five

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

December 30th 1883

4. Place of Birth, (Street and Number)

No 55 N. Durham St.

5. Full Name of Mother,

Mary A. Jones

6. Mother's Maiden Name,

Mary A. Wilson

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

Wm Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Co.

Name of Medical Attendant,

or other Person who makes this Return

Leah Walker, attendant

Address,

No 89 N. Spring St Baltimore

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the person attending the birth, and shall be filed in the office of the Commissioner of Health, and shall set forth, as far as the same can be ascertained, the name of the mother, the date of the birth, the sex, color, the full name and occupation of the parents, the day and month of the birth, the place of birth, the name of the physician or other person attending the birth, and the name of the child. In case the child should be delivered, daily attended by the physician or other person attending the birth, it shall then become the duty of the physician or other person attending the birth, to report its birth in the "Bureau of Health," in the manner, and within the period above prescribed, or to cause the same to be done by some other person. In case the child should be delivered, daily attended by the physician or other person attending the birth, it shall then become the duty of the physician or other person attending the birth, to report its birth in the "Bureau of Health," in the manner, and within the period above prescribed, or to cause the same to be done by some other person. In case the child should be delivered, daily attended by the physician or other person attending the birth, it shall then become the duty of the physician or other person attending the birth, to report its birth in the "Bureau of Health," in the manner, and within the period above prescribed, or to cause the same to be done by some other person.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

December 30th, 1883

4. Place of Birth, (Street and Number)

Baltimore 99 1/2 Dec. St

5. Full Name of Mother,

Dr Charlotte Monrope

6. Mother's Maiden Name,

Charlotte Miller

7. Mother's Birthplace,

New Freedom York Co. Pa.

8. Full Name of Father,

Samuel R. Monrope

9. Father's Occupation,

Canvaser

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Susan Hunter

Address,

21 1/2 Poppleton St

Remarks,

Baltimore City.
5
1984
BALTIMORE

5
1984
BALTIMORE

4 the

female

White

30 of December

405 Alice Ann St.

Die Litharina Lüpke

Russell

Baltimore

Lippe

Auster Ekenker

C. D. 11. 112

E. Lehnken.

54 Essex St.

Remarks.

JOHN E. HART & CO., THE PRINTER AND STATIONER.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

1946
 HEALTH DEPARTMENT
 Baltimore City
 4
 1984
 BALTIMORE.

HEALTH DEPARTMENT
Baltimore City
4
1384
BALTIMORE.

✓ 100 5/14/28

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 30, 1883
4. Place of Birth, (Street and Number) Luzern 11. No. 59
5. Full Name of Mother, Louise Pelzer
6. Mother's Maiden Name, Louise Schwingen
7. Mother's Birthplace, Braunberg in Prussia, Germany
8. Full Name of Father, Henry Pelzer
9. Father's Occupation, Barber
10. Father's Birthplace, Hanover in Prussia, Germany

Mary E. Miller

Remarks,

[illegible]

Parties G.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Registrar of Vital Statistics, to be by him examined and certified. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and month of its birth, the day and month of its death, if it die, and the day and month of its burial, if it be buried, and in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar of Vital Statistics, to cause the birth of such child to be duly recorded, and to cause the death of any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense; to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December 31st 1893

4. Place of Birth, (Street and Number)

201 South Chester St

5. Full Name of Mother,

Mary Elizabeth Lamedin

6. Mother's Maiden Name,

Mary Elizabeth Fredrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Franklin Lamedin

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

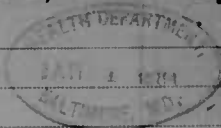
Name of Medical Attendant, or other Person who makes this Return

Mrs Wilery

Address,

12 Patterson Patterson av

Remarks,

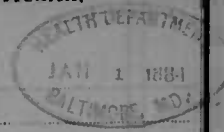


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1884/48

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *December 30th 1883*

4. Place of Birth, (Street and Number) *Baltimore Hill St No 22*

5. Full Name of Mother. *Sarah Windsor*

6. Mother's Maiden Name. *Webster*

7. Mother's Birthplace. *Somerset Co Md*

8. Full Name of Father. *George Windsor*

9. Father's Occupation. *Sailor*

10. Father's Birthplace. *Somerset County*

Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Scarborough*

Address, *110 220 Montgomery St Balt.*

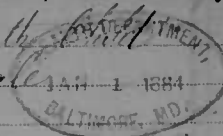
Remarks.

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to file and deposit with the Registrar of the Board of Health, a list of all the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, the name of the mother, the date of birth, the place of birth, the sex, the race or color, the date of delivery, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or without the attendance of a nurse, or of a person duly qualified to attend the birth, the Registrar shall, within the period above required, except in the cases of such child to report its birth to the Board of Health, in the manner, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 30 ed 1883*
4. Place of Birth, (Street and Number) *No. 213 Cross St.*
5. Full Name of Mother, *Catharine Miller*
6. Mother's Maiden Name, *Scheu*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Adolph Miller*
9. Father's Occupation, *Basket maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Schaeffer midwife*
- Address, *330 Hanover St.*
- Remarks,



65410

HEALTH DEPARTMENT,
JAN 1 1884
BALTIMORE, MD.

- [illegible]

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

of lactation, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall, upon the completion of the birth, who shall have occurred, or been born, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child by any name shall have been conferred, the sex, colour, the full name and occupation, the month, day and year of birth, the name of the mother, and the name of the father, and shall, in every case, certify the birth of any child without the attendance of a physician, or of a practitioner of midwifery, or of any other person, and shall, in every case, certify the death of any child, and shall, in every case, certify the birth of any child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any case of twin children, or of any other case, in which it may be necessary to report more than one subject of birth, and of twin children for each case, to be respectively reported as such.

1A
11/11/51
Baltimore City

Dec 30 1931

No 84. A. during 19

Josephine Jackson

Chas. A. Howell

or other Person who
makes this Return

100/100

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of Baltimore, under whose charge or supervision a priest shall hereafter take places, shall keep a true and correct record of all baptisms, marriages, burials, and deaths, and shall preserve the same in a book or books of his own choice. This register shall contain a list of the births which have occurred under his or her care during the year the month, and shall set forth, as far as the same can be ascertained, the full name of each child of the parents, the date of birth, the names of the parents, the names of the witnesses, the names of the officiating minister of the church, and the sex of each, and shall set forth, in the form of a certificate, between the first and third days of each and every month in the month of January, in case the parents of the child, or the officiating minister, shall so desire, the names of the child, the names of the parents, and the names of the witnesses, and shall, immediately thereafter, if said child become the child of the parent or parents of said child, to report to the Board of Health, in the manner, and to the officers of said board, the names of said child, the names of said parents, and the names of said witnesses, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

to 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 92

Wm C. Longwell

" " Ludwig

James H. ...

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

1

3. Date of Birth

30th Dec 1893

4. Place of Birth (Street and Number)

239 N. Calvert st.

5. Full Name of Mother

Fannie Wells

6. Mother's Maiden Name

Fannie Hall

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Jacob Wells

9. Father's Occupation

Clack

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

John F. McMonie M.D.

Address

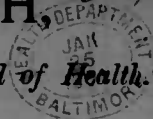
5 N. Calvert & Real est.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth Dec 30 1885
4. Place of Birth, (Street and Number) Bell Air Avenue
5. Full Name of Mother Louisa Lucan
6. Mother's Maiden Name Emma Grubbe
7. Mother's Birthplace Baltimore Md
8. Full Name of Father August Lucan
9. Father's Occupation Clerk
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.
- Address 25 Franklin
- Remarks _____

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall be bound to file with the Commissioner of Health, a true and correct copy of a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the sex, race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, between the first and third day of each and every month, in the form of a certificate, and shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner in midwifery, who should see that the mother is attended by a physician, or of a practitioner in midwifery, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th of December.*
4. Place of Birth, (Street and Number) *No 37. Lewis St.*
5. Full Name of Mother, *Elisabeth Bunch.*
6. Mother's Maiden Name, *" " " "*
7. Mother's Birthplace, *Baltimore Maryland.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, (or other Person who makes this Return) *Mrs. M. E. Hurley.*
- Address, *94 N. Eden St.*
- Remarks, _____

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be furnished by the Registrar in form and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar, and shall be subject to the same as the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be subject to the same as the Registrar of Health. The Registrar of Health shall be furnished with a copy of the full name of each child, if any name shall have been conferred, its sex, color, the full name and residence of the mother, the place of birth, and the date of birth, and the date of the first day of each and every month in the form of a certificate, between the first and third day of each and every month, to be delivered, duly signed by the Registrar of Health. In case the child is born dead, the Registrar of Health shall be furnished with a certificate, between the first and third day of each and every month, to be delivered, duly signed by the Registrar of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in such cases the Registrar of Health shall be furnished with a certificate, between the first and third day of each and every month, to be delivered, duly signed by the Registrar of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in such cases the Registrar of Health shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13*
1. Sex, (state whether male or female) *Male and Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 30 1888*
4. Place of Birth, (Street and Number) *276 E. Brough St*
5. Full Name of Mother, *Lizzy Hughes*
6. Mother's Maiden Name, *Shuler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry Higgins*
9. Father's Occupation, *Green*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. C. Gray*
- Address, *143 Chest St*
- Remarks,

RETURN OF A BIRTH

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) /

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

SECTION 4. - And for further enactment and ordaineth: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, and every person practicing midwifery, or any person who shall aid or assist in the delivery of a child, or of a practitioner of midwifery, or any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, to be determined by the Board of Health, and every person who shall fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

7

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec 30. 1883.

4. Place of Birth, (Street and Number)

76 W. Strickland St.
Katie C. Lips

5. Full Name of Mother,

Boyle

6. Mother's Maiden Name,

Balto City

7. Mother's Birthplace,

Geo. T. Lips

8. Full Name of Father,

Blum

9. Father's Occupation,

Ironworks

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. J. Doyle M.D.

Address,

217 Sawale

Remarks,

SECTION 8. - Any person who, for hire or otherwise, shall certify to the Registrar of Health, Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a book which shall be furnished to him by the Registrar, and which shall be kept under his or her care and control. The name of the child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name and occupation of the physician, or of a practitioner of midwifery, or of a person attending the birth, shall be entered in the book, and the certificate, be given to the Registrar, and the said person shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20 1881

4. Place of Birth, (Street and Number) 15 12 N Caroline St

5. Full Name of Mother, Mrs Augusta Shuman

6. Mother's Maiden Name, James

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel J. Shuman

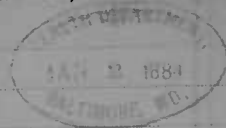
9. Father's Occupation, Yellow

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. J. G. Shuman

Address, 15 12 N Caroline St

Remarks, _____



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Feb 8

2nd ed.

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Mrs. Louisa Weber

Kleinman

1. *Explanatory*

about 1000

Stone Cutters

C.E.

11. 1184, 1185

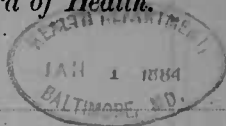
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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Colored
12. 31. 83.
180 Chesnut st.
Charlotte Thompson
Jones
Accomac Co Va
Willis Thompson
Walter
Madison Co. Va

Henry M. Eastman
319 Herd

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 31st 1883

4. Place of Birth, (Street and Number)

Baltimore Hill St No 14

5. Full Name of Mother,

Charlotte Kelly

6. Mother's Maiden Name,

" Seward

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Wm. Kelly

9. Father's Occupation,

works in tobacco ware house

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Dr Elizabeth Scarborough

Address,

220 Montgomery St Baltimore

Remarks,

6846-3

83a



- "That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- 18465*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 21 1883*
4. Place of Birth (Street and Number) *116 Lexington St*
5. Full Name of Mother *Jane Foster*
6. Mother's Maiden Name *Mrs. L. L. L.*
7. Mother's Birthplace *City of Baltimore*
8. Full Name of Father *Chas. E. Foster*
9. Father's Occupation *Chamber*
10. Father's Birthplace *City of Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Jane L. L.*
- Address *116 Lexington St. Holland St*
- Remarks *Healthy Child*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 31, 1883.

4. Place of Birth, (Street and Number)

87 S. Fremont St

5. Full Name of Mother,

Rapp

6. Mother's Maiden Name,

Annie M. Weber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rapp Jr.

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R. M. Belt. M.D.

Address,

210 N. Howard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31 of December 1883*

4. Place of Birth, (Street and Number) *20 Wiley Street*

5. Full Name of Mother, *Kali Kellermann*

6. Mother's Maiden Name, *Kali Koth*

7. Mother's Birthplace, *Washington, D. C.*

8. Full Name of Father, *Anton Kellermann*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Christina Luchs*

Address, *173 Stanford Ave.*

Remarks, *Baltimore Md.*
David Greenwell M.D. 1883
Amelia Luchs

of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall be bound to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which he is required to register, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of its birth, and the date and time of its birth, and the name of the mother, and the name of the father, and the name of the physician, and the name of the midwife, and the name of the nurse, and the name of the attendant, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. *182/71*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *31 of December*

4. Place of Birth, (Street and Number) *No. 5 Laurel Alley*

5. Full Name of Mother, *Frederick Frank*

6. Mother's Maiden Name, *Lizer Harwood*

7. Mother's Birthplace, *West River*

8. Full Name of Father, *Robert Frank*

9. Father's Occupation, *Cook on the Boat*

10. Father's Birthplace, *Massachusetts*

Name of Medical Attendant, or other Person who makes this Return *Mary Jane Richardson*

Address, *212 Davis Street*

Remarks, *Mother and child doing well*

111
18472

Baltimore City.

8th

Female

White

December 31st. 1883

No. 101 Hillman St.

Eva Schmitt

Eva Kold.

Germany

John Hermann

Shoemaker

Baltimore

or other Person who
makes this Return

M. A. Bird

il est. V. Bonhomme et P.

ALL Well

JAMES P. FISK & CO., CITY PRINTERS AND STATIONERS.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Kind

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

geboren den 31^{ten} Dezember

4. Place of Birth, (Street and Number)

194 Wolff St.

5. Full Name of Mother,

Larae Spinten

6. Mother's Maiden Name,

Larae Wilkens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Spinten

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Friederike Kaufmann

Address,

N^o 203. S. Dulles St.

Remarks,

Hebarme

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 8/1st 1883*

4. Place of Birth, (Street and Number) *1086 Somerset St.*

5. Full Name of Mother, *Sarah Clark*

6. Mother's Maiden Name, *" Wilhelm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. Clark*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *M. A. Butt*

Address, *10183 E. cor Central av. & Monument St.*

Remarks, *All Well*

Missing

68475 (1884)

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.). 1st

r, (state whether male or female):

Age or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Her's Maiden Name,

Mother's Birthplace.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address, *Box 185, N.E. Corbett av. Y. Monument St.*

Remarks, *St. Hill*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be furnished by the City of Baltimore to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of the same, and shall cause the same to be furnished by the City of Baltimore to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the birth, including the name, sex, color, the full name and occupation of its parents, the date and place of birth, the name of the physician, or of a practitioner of midwifery, to whom the child shall be delivered, and the name of the person who shall be in attendance upon the mother, immediately thereafter. It shall then be signed by the physician, or practitioner of midwifery, and the person who shall be in attendance upon the mother, and shall be filed in the Office of Registrar of Vital Statistics, Board of Health, in the manner, and within the period above required, except in the cases of the birth of a child, who shall be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 1st 1884*

4. Place of Birth, (Street and Number) *10141 N. Spring St.*

5. Full Name of Mother, *William W. W.*

6. Mother's Maiden Name, *W. W. W.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *W. W. W.*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. W. W.*

Address, *10155 S.E. on Cont'd av. 7th Monument St.*

Remarks, *All Well*



of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the same, and shall cause to be furnished by the parents, or other persons having knowledge of the same, a certificate of birth, to be furnished by the clerk of Health. This certificate shall contain a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the date of its birth, the date of its baptism, and the date of its registration. The certificate shall be signed by the parents, or by a physician, or by a practitioner of midwifery, and shall be attested by the clerk of Health. The certificate shall be filed in the office of the clerk of Health, and shall be preserved for a period of ten years. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 1st 1884*

4. Place of Birth, (Street and Number) *No 141 N. Spring St.*

5. Full Name of Mother, *Ellen Reed*

6. Mother's Maiden Name, *William Linn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Reed*

9. Father's Occupation, *Millwright*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *William Reed*

Address, *1115 S. E. on Canal at Monument St.*

Remarks, *See Will*



SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled up by the midwife or other person in whose charge the birth has taken place, and shall be filed in the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the should an other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered at other times and in other lines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 10 1878

4. Place of Birth, (Street and Number) Jan 10 1878

5. Full Name of Mother, Charlotte Smith

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, John Smith

9. Father's Occupation, Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. Smith

Address, 1234 N. Main St.

Remarks, Normal

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh,*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *January 1st.*
4. Place of Birth, (Street and Number) *N. 25 St. Peter St.*
5. Full Name of Mother, *Jane Early*
6. Mother's Maiden Name, *Daigh.*
7. Mother's Birthplace, *Balto. City.*
8. Full Name of Father, *Thomas Early*
9. Father's Occupation, *Pattern-maker.*
10. Father's Birthplace, *Balto. City.*

Name of Medical Attendant, *Dr. Wm. A. Aldrich*
or other Person who makes this Return.

Address, *Cor. Columbia Ave. & Fremont St.*

Remarks, *Child still-born.*

timore City

[illegible]

6

- Chas

on his

1 Jan 1884

Ballo. 69 N. Washington st

A. Shneikhal

Bohemian

J. Schmitt

Labour

Bohemia

Mary Robinson

69 Washington st

May 20th 1888

TH
Baltimore City.

Baltimore City.

2

Male

Mr. White

1 Jan 1884

B. Eager at No 55

Katherine Staska

S. V. Liers

B. Linnæi

Cos. Taska

Taylor

Bohemia

Mary Cooper

69 N Washington St

Mary Hopkins

JOHN T. HUNT & SONS, CITY PRINTERS AND STATIONERS.

Section 4.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge, and shall be filled up by the midwife or other person who has attended the birth, and shall be signed by the midwife or other person who has attended the birth, and shall be filed in the office of the Commissioner of Health. And it is further enacted and ordained, That any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 1st 1884*

4. Place of Birth, (Street and Number) *543 W Balt St*

5. Full Name of Mother, *Barbara Dolphoff Schlutter*

6. Mother's Maiden Name, *Barbara Dolphoff*

7. Mother's Birthplace, *Catonsville Balt Co Md*

8. Full Name of Father, *Gustav Schlutter*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return *Mr Anne Dumber*

Address, *60 North Schroeder St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1. of January

4. Place of Birth, (Street and Number) *Chamsey Ave. No. 331*

5. Full Name of Mother, Mary J. Schenckmann

6. Mother's Maiden Name, Mary A. Bradley

7. Mother's Birthplace, *Hogward*. *35*

8. Full Name of Father, Frank - Hermann, Jr.

9. Father's Occupation, *Helper; Woodchurner*

10. Father's Birthplace, Boston. Mass.

Name of Medical Attendant, or other Person who makes this Return

or other Person who
makes this Return

Address.

Remarks.

[illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex (state whether male or female) _____
 - Race or Color, (if not of the white race) W
 - Date of Birth Jan 1894
 - Place of Birth, (Street and Number) 189 East Avenue
 - Full Name of Mother Marquet Whittle
 - Mother's Maiden Name Michael Taylor
 - Mother's Birthplace Baltimore
 - Full Name of Father George W. Whittle
 - Father's Occupation Druggist
 - Father's Birthplace Baltimore
 - Name of Medical Attendant, or other Person who makes this Return. J. H. Whittle M.D.
 - Address 28 Franklin St.
 - Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



682187

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) W

2. Race or Color, (if not of the white race) W

3. Date of Birth Jan 1 1884

4. Place of Birth, (Street and Number) 161 N Howard St

5. Full Name of Mother Mary Crothers

6. Mother's Maiden Name Mary Lefevre

7. Mother's Birthplace Baltimore

8. Full Name of Father George W Crothers

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 28 Franklin St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

S. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the person in charge of the birth, and shall be forwarded to the Commissioner of Health, on or before the first day of January next following the date of the birth, and shall be filed in the office of the Commissioner of Health. The schedule shall contain the following information: (1) The date of the birth, (2) the place of its birth, and the date and time of its delivery, (3) the name of the mother, (4) the name of the father, (5) the sex of the child, (6) the race or color of the child, (7) the name of the medical attendant, (8) the name of the person who makes the return, (9) the address of the person who makes the return, (10) the remarks of the medical attendant, and (11) the name of the child. The schedule shall be filled up by the person in charge of the birth, and shall be forwarded to the Commissioner of Health, on or before the first day of January next following the date of the birth, and shall be filed in the office of the Commissioner of Health. The schedule shall be used by the Commissioner of Health, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

78489
J. H. J. J.
Female
White
May 1st 3 30 P.M.
34 So. E. Ave.
Mary A. Bagwell
" " Corcoran
B. Co.
Geo. W. Bagwell
Moulder
B. Co.
J. L. Williams
44 So. E. Ave.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1849/1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Her 2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 1ten December*
4. Place of Birth, (Street and Number) *N 8th St. 1st St.*
5. Full Name of Mother, *Anne Diederich*
6. Mother's Maiden Name, *Anne Horst*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Diederich*
9. Father's Occupation, *Booker*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Diederike Kaufmann*
- Address, *N 20th St. Dollov St.*
- Remarks, *Hebamme*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

68493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Jan. 1st 1884

4. Place of Birth, (Street and Number)

Maryland 1617 Lombard

5. Full Name of Mother.

Laura Riley

6. Mother's Maiden Name.

unknown

7. Mother's Birthplace.

Va. Riley

8. Full Name of Father.

— Riley

9. Father's Occupation.

—

10. Father's Birthplace.

—

Name of Medical Attendant,

or other Person who makes this Return

Wm L. Losh M.D.

Address,

1417 Lombard

Remarks.

[illegible]

DEPART
Baltimore City
JUN 11
1894
BALTIMORE

8 birth

Make

W. L. L.

Jan 1st

Chappus 19

Hannie Homen

Sutton

Meires Berr

Frederick Haman

Winter

Des heronnières

Miss Maule

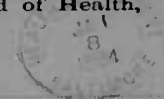
Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *third*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *1 January*
4. Place of Birth, (Street and Number) *B Gravel alley*
5. Full Name of Mother, *Lottie Robinson*
6. Mother's Maiden Name, *Lottie Gordon*
7. Mother's Birthplace, *St Marys County*
8. Full Name of Father, *James Robinson*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Maryland Georgia*
- Name of Medical Attendant, or other Person who make this Return *Charity James*
- Address, *110 79 Gravel alley*
- Remarks,

Section 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the full term of the year, and shall be filled up by the midwife or other person who shall be present at the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In every case of birth or abortion, the child shall be reported to the Board of Health, and the mother shall be reported to the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. H. CHRISTIAN, M. D.
431 Penn. Av. Cor. Wilkes

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical constitution, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *68496*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

Jan. 1, 1884.

4. Place of Birth, (Street and Number)

7 Calvary Row.

5. Full Name of Mother,

Christina Boyer.

6. Mother's Maiden Name,

Forney.

7. Mother's Birthplace,

Balti. Co. Md.

8. Full Name of Father,

Thomas Boyer.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Balti. Co., Md.

Name of Medical Attendant, or other Person who
makes this Return

C. Edw. Janney M.D.

Address,

242 W. Eutaw.

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

182797
Ultimate City

Baltimore City.

JOHN C. FIFT & CO., CITY PRINTERS AND STATIONERS.

- 32d.

Healer

G. L. L.

12th Dec. 1854.

124. *Chelonia* - Gen

Sigmar Kinn

Green, John

Baltimore

Opini E. H. Harris

Labrador

2. 11. 1927

1990

... ..
... ..

W. D. L.

SECTION 4. - Any person charged with the execution of the duties herein prescribed, who neglects to keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be filled out by the person charged with the duty, and shall be filed in the office of the Commissioner of Health. Any person who neglects to keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan. 1st 1884

4. Place of Birth, (Street and Number) No. 24-8 West St

5. Full Name of Mother, Emma Rosenthal

6. Mother's Maiden Name, Levenson

7. Mother's Birthplace, Sweden

8. Full Name of Father, Wolf Rosenthal

9. Father's Occupation, Piano maker

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover St.

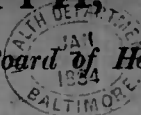
Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62199

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan 1 1884
4. Place of Birth, (Street and Number) 220 Eastern Ave
5. Full Name of Mother Minnie Lane
6. Mother's Maiden Name Minnie Lane
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Lane
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mary J. ...
- Address 153 ...
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1st 1884
4. Place of Birth, (Street and Number) No 5 Warner St-
5. Full Name of Mother, Abelia Stewart
6. Mother's Maiden Name,
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father, William Stewart
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return

Address,

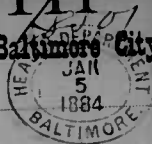
Remarks,

Deborah Thomas

71 Burgundy Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of January*

4. Place of Birth, (Street and Number) *No 40 Post Allen.*

5. Full Name of Mother, *Wm Horner*

6. Mother's Maiden Name, *Hans*

7. Mother's Birthplace, *Virginien*

8. Full Name of Father, *Frank Heiner*

9. Father's Occupation, *Master Schvoker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

J. Behnken. Midwife
54 Essex St.

Address,

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall annually submit to the Registrar of Vital Statistics a list of the births which have occurred under his or her supervision, in the form of a return, containing the name, sex, color, date of birth, place of birth, and the name of the mother, and shall also keep a list of the names of the persons who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *January 1st 1884*
4. Place of Birth, (Street and Number) *5th N. Washington St.*
5. Full Name of Mother, *Susan, R. G. Scott*
6. Mother's Maiden Name, *Susan, Rebecca, Jane Buckner*
7. Mother's Birthplace, *London, Canada West*
8. Full Name of Father, *Robert, George, Scott*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, *Susan Morgan*
or other Person who makes this Return
- Address, *# 47 N. Durham St.*
- Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commis-
sioner of the Health, and shall retain a list of the births which have occurred under his jurisdiction, and
any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and
place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a
certificate, before the first and third day of each and every month, to the Board of Health. In case the
practitioner, before the first and third day of each and every month, shall fail to deliver such certificate, he
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period above required, except in the cases of the birth and deaths of illegitimate children, and
in such cases the parent or parents of such child shall be held liable to a fine of not less than five dollars, and subject
to a fine of not less than five dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

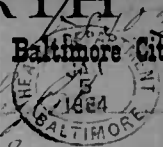
10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



Section 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of the births of children born in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, at the City Hall, Baltimore, Maryland, on or before the first day of January next ensuing the expiration of each year. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of the births of children born in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, at the City Hall, Baltimore, Maryland, on or before the first day of January next ensuing the expiration of each year. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a full and correct record of the births of children born in the City of Baltimore, and to file the same with the Registrar of Vital Statistics, at the City Hall, Baltimore, Maryland, on or before the first day of January next ensuing the expiration of each year.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child of mother

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Color child

3. Date of Birth, The 1 of June 1884

4. Place of Birth, (Street and Number), 302 West 78th Street

5. Full Name of Mother, Ellen Jones

6. Mother's Maiden Name, Ellen Hoggins

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Edwin Jones

9. Father's Occupation, Oyster Show

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Dr. J. J. Jones

Address, 1012 1/2 N. 7th St. Baltimore

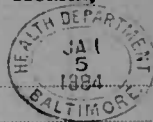
Remarks, _____



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 1st 1884

4. Place of Birth, (Street and Number)

49 S. Bond

5. Full Name of Mother,

Laura Ann Sarah Bell

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Howard Co. Md.

8. Full Name of Father,

William Franklin Bell

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

W. Va.

Name of Medical Attendant, or other Person who makes this Return

E. L. Bond M.D.

Address

37 S. E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first
Male
White
Jan '84
134 Johnson St.
Mary A.
Weiler.
Baltimore
Charles H. Jones
Laborer
Baltimore
Jno. H. Smith M.D.
281 S. Charles St.
Breech Presentation

REMARKS &c.—And, be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank, whole sheet to be furnished by his or her commissioning authority, and shall retain the same until the child shall be one year of age, and shall deliver the same during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, his sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed and attested, to the proper authorities, and the said authorities shall be empowered to require the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report at least to the proper authorities, the day and place of birth of such child, and the said authorities shall be empowered to require the attendance of a physician, or of a practitioner of midwifery, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 1, 1884*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Augusta Jung*

6. Mother's Maiden Name, *Augusta Schaefer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ernst Jung*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Harburg, Prussia, Germany*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall receive, direct or indirect, notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 24 1884*
4. Place of Birth, (Street and Number) *58 Thames St*
5. Full Name of Mother, *Gertrude Hunter*
6. Mother's Maiden Name, *Gertrude Good-house*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *William Hunter*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louisa Smith*
- Address, *Name of Child William Hunter*
- Remarks,

At any time, before, on, or after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 2 - 1884

4. Place of Birth, (Street and Number)

147 1/2 Register St.

5. Full Name of Mother,

Mary Ellen Greely

6. Mother's Maiden Name,

McCherry

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Greely

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mary Stein

Address,

151 E. Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh
Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Jan 2nd 1884
128 Harford Ave
Laura W Winter
" " Club
Baltimore Md
George H. Winter
Butcher
Baltimore Md
Regina A. Winter
186 Harford Ave

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of birth, and the person who registers a birth shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at the time of his birth, the date of his birth, the place of his birth, the name of the mother, the name of the father, the name of the physician, or of a midwife, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

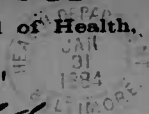
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 20th / 84*
4. Place of Birth, (Street and Number) *No 809 W. Pratt St*
5. Full Name of Mother, *Mary Virginia Leoddington*
6. Mother's Maiden Name, *Moran*
7. Mother's Birthplace, *Washington D.C.*
8. Full Name of Father, *William Learrance Leoddington*
9. Father's Occupation, *Coal and Wood Dealer*
10. Father's Birthplace, *Lumberland City Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Linder*
- Address, *No 45 S. Monroe St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 2^d / 84

4. Place of Birth, (Street and Number)

15-4 Barré St

5. Full Name of Mother,

Elizze F. Hughes.

6. Mother's Maiden Name,

" " Manning.

7. Mother's Birthplace,

Balto City.

8. Full Name of Father,

Mr. S. Hughes.

9. Father's Occupation,

Merchant.

10. Father's Birthplace.

Balto City.

Name of Medical Attendant, or other Person who makes this Return

R. J. W. Tall, M.D.

Address,

152 Sharp St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

68514

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 2d 1884
4. Place of Birth, (Street and Number) 328 Lexington Street
5. Full Name of Mother Emma Cohen
6. Mother's Maiden Name Emma Rank
7. Mother's Birthplace Baltimore
8. Full Name of Father E. Cohen
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. H. H. Wilson
- Address 146 Park Ave
- Remarks

655/2

Baltimore City.

47. Chitl

216.

11/11/14

2nd of January 1857.

456 ~~for~~ Cham-trut

Will. B. Carpenter

Very Right

Baltimore

Cony Right.

Confession

New-York

or other Person who makes this Return *Christian Knobel*

11 North Chapel St. for further Shewell

Health

IN P. PART A INC. CITY TRUSTEE AND STATUTORY

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2nd January 1884*

4. Place of Birth, (Street and Number) *52 Curleys street*

5. Full Name of Mother, *Lizzie Buss*

6. Mother's Maiden Name, *Lizzie Kernlein*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Lago Buss*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Sullens*

Address, *104 Curleys street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Lind*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 2^{ten} Febr. 1897*
4. Place of Birth, (Street and Number) *N^o 206 Canton Ave*
5. Full Name of Mother, *Elisabeth Heffrich*
6. Mother's Maiden Name, *Elisabeth Oster*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Johann Heffrich*
9. Father's Occupation, *Miller*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 203 E. Dallas Str*
- Remarks, *Hebamme*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Kind*
 1. Sex, (state whether male or female) *Boys*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 2nd 1881*
 4. Place of Birth, (Street and Number) *706 Albermarl Str.*
 5. Full Name of Mother, *Larg Philinpps.*
 6. Mother's Maiden Name, *Larg Helner*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Samuel Philinpps*
 9. Father's Occupation, *Stenographer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
 Address, *8th 204 S. Dallas Str*
 Remarks, *Heb. name*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

68519

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth Jan 2 1884
4. Place of Birth, (Street and Number) 9 N. Bond St. Baltimore
5. Full Name of Mother Alice Harris
6. Mother's Maiden Name " Harris
7. Mother's Birthplace Annapolis Co. Md.
8. Full Name of Father Richard F. Hicks
9. Father's Occupation Teamster
10. Father's Birthplace Balti. Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Edward J. Mervin
- Address 571 Aiswyneth St.
- Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same may be ascertained, the name of the mother, the day and hour of its birth, the sex and age of the child, the name and occupation of its parents, the day and hour of its birth, and the said schedule shall be delivered, duly signed by the superintendent, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the superintendent shall, upon the application of the parents or of any other person, cause a physician to be called, and shall certify to the Board of Health, in the manner and form provided by law, the name of the physician so called, and the date and hour of his or her attendance, and the name of the person or persons who shall incur a fine of ten dollars for each offense, to be recovered in other fines and penalties and recoverable to a fine of ten dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. Child.*
1. Sex, (state whether male or female) *Little Girl*
2. Race or Color, (if not of the white race) *White. Race*
3. Date of Birth, *2 January 1884.*
4. Place of Birth, (Street and Number) *Baltimore Payson st No. 3*
5. Full Name of Mother, *Mrs. Jenkins*
6. Mother's Maiden Name, *Miss. Ulrich.*
7. Mother's Birthplace, *Born in Baltimore*
8. Full Name of Father, *Mr. Jenkins*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Born in Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Keller*
- Address, *1017. West Pratt. st. city*
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68521

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 2

4. Place of Birth (Street and Number)

Baltimore, Cross St. No 5-14

5. Full Name of Mother

Ellen Turner

6. Mother's Maiden Name

Ellen Padgett

7. Mother's Birthplace

Washington City

8. Full Name of Father

Charles Turner

9. Father's Occupation

Abolition

10. Father's Birthplace

Frederick

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address

114 Ridgely St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~ 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *2^d Jan. 1884* at *2 o'clock P.M.*

4. Place of Birth (Street and Number) *7 Caro St.*

5. Full Name of Mother *Martha L. Willson*

6. Mother's Maiden Name *Martha L. Stables*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Robert G. Willson*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Maryland (Prince Georges County)*

Name of Medical Attendant, or other Person who makes this Return. *G. B. Richardson M.D.*

Address *169 W. Mount St.*

Remarks

11 Feb 3

11 Feb 3

First

Male

white

January 2^d 1884

293 N. Moore

Isabelle Orem

Hutchins

Balto. City

Geo. W. Owen

Fireworker

Balto. Lit.

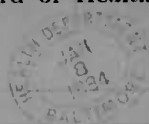
J. H. CHRISTIAN, M. D.
431 PINE AV. COR. WILSON

THE B. EAST & SONS, CITY PRINTER AND STATIONER.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22d of January

4. Place of Birth, (Street and Number)

221 E. Madison St.

5. Full Name of Mother,...

Agnes J. Gerlach

6. Mother's Maiden Name,

Agnes J. Rafferty

7. Mother's Birthplace,

New York

8. Full Name of Father,

John Gerlach

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address, -

125 N. Caroline St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Daniel George Rudolph Sommerwerk*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *January 2nd 1884*
 4. Place of Birth, (Street and Number) *219 N. Broadway*
 5. Full Name of Mother *Mary Sommerwerk*
 6. Mother's Maiden Name *Mary Dimonding*
 7. Mother's Birthplace *Baltimore City Md*
 8. Full Name of Father *Rudolph G. A. Sommerwerk*
 9. Father's Occupation *Crook*
 10. Father's Birthplace *Minden City Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas J. Dushill, Jr.*
- Address *207 S. Broadway*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1882 6

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Second
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 2nd 1882
198 S. Frem. St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Katie Henry
Katie Dickinson

6. Mother's Maiden Name

7. Mother's Birthplace

Ma.

8. Full Name of Father

Wm. F. Henry

9. Father's Occupation

Engineer

10. Father's Birthplace

Ma.

Name of Medical Attendant, or other Person who makes this Return.

John L. Smith M.D.
167 Barrre St.

Address

Remarks

Natural Labor

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 2nd 1884
4. Place of Birth, (Street and Number) 917 S. Ann St.
5. Full Name of Mother, Pranna Leocadia Sherrell
6. Mother's Maiden Name, Lacy
7. Mother's Birthplace, City
8. Full Name of Father, Robert Mc Clelan Sherrell
9. Father's Occupation, Pilot
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return W. P. Brown M.D.
- Address 375 E. Baltimore St.
- Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 2^d 1884*
4. Place of Birth (Street and Number) *Mount St. No. 11*
5. Full Name of Mother *Martha Elizabeth Wadlinott.*
6. Mother's Maiden Name *" " Foyler*
7. Mother's Birthplace *Baltimore Co.*
8. Full Name of Father *John K. Wadlinott,*
9. Father's Occupation *Bell hanger.*
10. Father's Birthplace *Waynesburg W. Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Goby, M.D.*
- Address *# 579 Lexington St.*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

7
Male
Colord
January 2nd 1884
no 306 Cutaw st
Jane B. Blackston
Jane Taylor
Baltimore conty
John Blackston
Sailor
Acamac Vergine
Mary an Idorsey
64 E Bow lane
five dollars

For record of vital statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 2d

4. Place of Birth (Street and Number)

34 S. Mount St.

5. Full Name of Mother

Louisa H. Boyle

6. Mother's Maiden Name

7. Mother's Birthplace

Perryman, Virginia

8. Full Name of Father

John A. Boyle

9. Father's Occupation

Blacksmith

10. Father's Birthplace

San Francisco, Cal.

Name of Medical Attendant, or other Person who makes this Return

D. W. Vesper M.D.

Address

298 W. Lombard St.

Remarks

SECTION 100. In no further contract and shall not be of Baltimore, under whose charge or superintendence a birth shall hereafter take place shall keep a true and exact register of such birth, and shall enter the same on a blank sheet to be furnished to him by the health officer during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be prepared and signed by the health officer, or by the health officer, or by any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to return the said certificate to the health officer, or to the health officer, or to any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other lines not penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

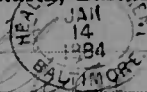
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st Child
Female
White
Child
Second January 1884
320 Bayanette Avenue
J A Weaver
J F Althaus
Virginia
J A Weaver
Grocery Store
Virginia
Mary C Jones
No 17 N. 1st St

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of a black substitute to be furnished by the Committee on the subject of the registration of births, and shall enter the name of the mother, and the date of the birth, and the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the date of its birth, the place of its birth, the name of the physician, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Births, and the said certificate shall be retained by the Registrar, and the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the name of such person shall be entered in the book of births, and the said person shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) _____
1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *January 3, 84*
4. Place of Birth, (Street and Number) *E. Lombard St. No. 357*
5. Full Name of Mother, *Katharine Meyer*
6. Mother's Maiden Name, *Wickens*
7. Mother's Birthplace, *Bremen*
8. Full Name of Father, *Christian Meyer*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Hannover*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. B. B. B. B.*
- Address, *124 N. 1st St. W. 11*
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 3 1884
BALTIMORE

- of Baltimore, and the said mother shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the case may be, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in conformity with the provisions of the act in that behalf made. The said mother shall be bound to appear in person to be attainted upon the aforesaid schedule, and to sign the same, and the duty of the parent or parent of such child to report its birth to the Board of Health, in this manner, and within the period always specified, shall be deemed to be the duty of the said mother, and the said mother, and the said practitioner, shall be deemed to be guilty of a misdemeanor if they shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

I have any physician, accoucheur, midwife, or other person in charge, who shall attend, unless or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1883 ✓

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 3, 1884.

4. Place of Birth, (Street and Number)

90 S. Paca St.

5. Full Name of Mother,

Mary Winkelmann.

6. Mother's Maiden Name,

Mary Merriken

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Wm Trinkelman,

9. Father's Occupation,

Bank officer

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

A. F. Erich M.D.

Address,

9 S Park Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *6536*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 3^d 1884
No 20 Kenner St -
Virginia Baker

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, ..

Baltimore Md
Geo Baker
Clerk

8. Full Name of Father,

9. Father's Occupation, ..

10. Father's Birthplace, ..

Carroll Co Md
Margaret A. Winkler
186 Harford Ave

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on the subject of the registration of births, and shall set forth as far as the same can be ascertained, the full name of each child at the time of its birth, the date of its birth, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, and every physician, midwife, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above provided, and every person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 24 1884
4. Place of Birth, (Street and Number) 274 S. Bond St.
5. Full Name of Mother, Mary Wilhelmina
6. Mother's Maiden Name, Phifer
7. Mother's Birthplace, Calif.
8. Full Name of Father, Abraham Wilhelmina
9. Father's Occupation, Laborer
10. Father's Birthplace, Calif.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Balt
- Address, 120 S. Bond St.
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health:
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth 1-3-83 1884
4. Place of Birth (Street and Number) 70 W. Fremont
5. Full Name of Mother Adeline Grawblit
6. Mother's Maiden Name Sweitzer
7. Mother's Birthplace Balto
8. Full Name of Father Mr. Grawblit
9. Father's Occupation Furniture mover
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Will Eastman
- Address 349 Leet
- Remarks Forceps

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the facts which have occurred under his or her care in connection with the birth, as far as the same can be ascertained, the full name of each child at the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner or a physician, or of a practitioner of midwifery, or of a physician or a practitioner of midwifery, shall neglect or refuse to perform his or her duty of the period above required, except in the case of the birth and death of illegitimate children, and any person who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3rd of January 1884*

4. Place of Birth, (Street and Number) *No. 5 Nicholson St.*

5. Full Name of Mother, *Lena L. L. L.*

6. Mother's Maiden Name, *Lena Bridenbach*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frank Bridenbach*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Crescentia L. L. L.*

Address, *11 North Chapel St. for further information*

Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18842

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 1st 1884

4. Place of Birth, (Street and Number)

St Pauls extended

5. Full Name of Mother,

Elice L LaTrobe McKim

6. Mother's Maiden Name,

Elice LaTrobe

7. Mother's Birthplace,

Florida

8. Full Name of Father,

Alexander McKim

9. Father's Occupation,

Banker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

C. B. [unclear] M.D.

Address,

59 C. Medical

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Jan 3rd 1884.

4. Place of Birth (Street and Number)

Baltimore No. 39 South Ann St.

5. Full Name of Mother

Sarah Curry.

6. Mother's Maiden Name

" Morrey.

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Frank Curry.

9. Father's Occupation

Carpenter.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Annie Roseman.

Address

No 10. South Edin'g St

Remarks

Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

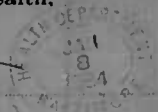
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st
Female
White

Jan 3 1884
Maternal 164 W. Lombard

John Adams
do
md

Frank A. Ditch md

164 W. Lombard
Illegitimate

of Baltimore, under which charge of attendance a birth shall have taken place, shall keep a true and correct record of the same, and shall cause the same to be entered in the birth schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care of any nurse, midwife, or other person, and shall be kept in the office of the Commissioner of Health, and shall be open to the inspection of any person who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Jan. 13 1884*
4. Place of Birth, (Street and Number) *No. 24 Lombard St.*
5. Full Name of Mother, *Emma Seelhard*
6. Mother's Maiden Name, *Winkler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Edward Seelhard*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Stephen Simon*
- Address, *No. 10 Granby St.*
- Remarks,

of Baltimore, under whose charge or superintendence a birth shall have taken place, shall be a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care since the first day of the month in which the birth occurred, and shall be filled out by the Registrar of Health, or by any person who may be authorized by him or her to do so, and shall be signed by the Registrar of Health, or by any person who may be authorized by him or her to do so, and shall be filed in the office of the Registrar of Health. In case the birth of a child occurs on the first or second day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the third or fourth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the fifth or sixth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the seventh or eighth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the ninth or tenth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the eleventh or twelfth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the thirteenth or fourteenth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the fifteenth or sixteenth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the seventeenth or eighteenth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the nineteenth or twentieth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the twenty-first or twenty-second day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the twenty-third or twenty-fourth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the twenty-fifth or twenty-sixth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the twenty-seventh or twenty-eighth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the twenty-ninth or thirtieth day of the month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed. In case the birth of a child occurs on the first or second day of the next month, the Registrar of Health, or any person authorized by him or her to do so, shall enter the birth on the schedule as soon as it is ascertained, and shall sign the schedule as soon as it is completed.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Jan 3

4. Place of Birth, (Street and Number)

43 W. 1st lane

5. Full Name of Mother,

Elizabeth Gross

6. Mother's Maiden Name,

Elizabeth Brooks

7. Mother's Birthplace,

Gloster co Va

8. Full Name of Father,

William Gross

9. Father's Occupation,

labor

10. Father's Birthplace,

Waldorf co

Name of Medical Attendant,

or other Person who makes this Return

Mary Jane Richardson

Address.

212 W. 1st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 3rd 1884

4. Place of Birth, (Street and Number)

52 Saratoga St.

5. Full Name of Mother,

Susan Harris.

6. Mother's Maiden Name,

Morgan.

7. Mother's Birthplace,

Canada

8. Full Name of Father,

James Harris

9. Father's Occupation,

Agent

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return

W. Maempel. (Midwife)

Address,

228 Saratoga Str.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth.

1. Sex. (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth. January 3rd

4. Place of Birth, (Street and Number) Palace Ave

5. Full Name of Mother, Anna Wolf

6. Mother's Maiden Name: Meibane

7. Mother's Birthplace. Hampstead U. S.

8. Full Name of Father, Andrews Wiley

9. Father's Occupation, Brewer

10. Father's Birthplace. *Holland stat Beyer*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Murrey*

Address _____

Remarks. _____

[illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6d

female

color

Jan 5 1894

Chestnut St

Katey Mitchell

Katey Parker

Pennan County Md

Charles Mitchell

labor

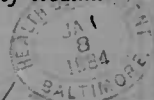
Baltimore Md

Horace Commins

45 East St

midwife Elizabeth Commins

Resident 45 East St



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2
Female
White
Jan 3. 1884
217 William St
Carolina Kaiser
Stoffel
Baltimore
John Kaiser
Brick Maker
Baltimore
Mrs Ann Wash.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Wd*
 3. Date of Birth *May 3rd*
 4. Place of Birth (Street and Number) *No 13 Stackholm St*
 5. Full Name of Mother *Kate Higgins*
 6. Mother's Maiden Name *Burnes*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Thomps Higgins*
 9. Father's Occupation *Cabman*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Mary Harrison*
 Address *112 Scott St*
 Remarks

HEALTH DEPARTMENT
Baltimore
4
1894
BALTIMORE

9.10

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9.10

9.10

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[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11557

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3rd of January

4. Place of Birth, (Street and Number)

185 N. Bond St.

5. Full Name of Mother.

Jorah Serlach

6. Mother's Maiden Name,

Jorah Offutt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. C. C. Serlach

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Brady Walter

Address,

125 N. Caroline St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

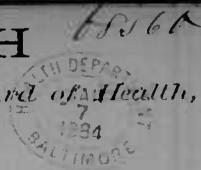
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *4 January 1884.*
4. Place of Birth, (Street and Number) *Washer str. 6.*
5. Full Name of Mother, *Nate Winton*
6. Mother's Maiden Name, *Nate Teloy*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Charles Winton*
9. Father's Occupation, *Fireman Engineers No 1*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *W Maennel (Midwife)*
- Address, *228 Aratogs ste*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Child of January*
4. Place of Birth, (Street and Number) *289 Argyle Avenue*
5. Full Name of Mother, *Annie Elizabeth Mills*
6. Mother's Maiden Name, *Annie Elizabeth Nelson*
7. Mother's Birthplace, *Saint James County Maryland*
8. Full Name of Father, *John Nelson Mills*
9. Father's Occupation, *Police*
10. Father's Birthplace, *Saint Mary's County Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ida Sadler*
- Address, *No 4 New St*
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Return of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

68561
HEALTH DEPARTMENT
JAN 7 1884
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan 2 1884
4. Place of Birth, (Street and Number) 21 Madison Street
5. Full Name of Mother John A. Litchman
6. Mother's Maiden Name Eliza A. Litchman
7. Mother's Birthplace Ind. Co. Ind.
8. Full Name of Father William A. Litchman
9. Father's Occupation carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. William A. Litchman
- Address 133 1/2 Cecil St. Baltimore
- Remarks _____

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Jan 3rd 1884*
 4. Place of Birth (Street and Number) *162 W. Calvert St*
 5. Full Name of Mother *Catherine Brown*
 6. Mother's Maiden Name *Catherine Murray*
 7. Mother's Birthplace *Ireland*
 8. Full Name of Father *Samuel Brown*
 9. Father's Occupation *Seamster*
 10. Father's Birthplace *Ireland*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. P. Reynolds M.D.*
 Address *171 W. Calvert St*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan'y 3rd 1884

4. Place of Birth, (Street and Number)

250 E Fayette St

5. Full Name of Mother,

Anna Almy Douglas

6. Mother's Maiden Name,

Anna Almy Phillips

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William Hilby Douglas

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Wisconsin Bay Wd

Name of Medical Attendant, or other Person who makes this Return

E. G. Wallis

Address,

47 N Bond St

Remarks,

Normal

[illegible]

HEALTH DEPARTMENT
JAN
4
1984
BALTIMORE

3/15/1910

- Name of Medical Attendant, or other Person who makes this Return Harry C. Muller

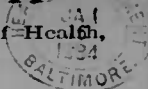
Address, 1. Dallas St. 1st L.C.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Female
White
Jan. 3rd 1889
Chalfont road
Cantonville, Tenn.
"Chesapeake"
Baltimore, Md.
John T. C.
Teacher
York
Dr. J. H. L. L.
#152 E. Washington St.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of two triplets which have occurred under his care, and shall be filled up by him, or by any person under his authority, as soon as the birth of such triplets shall be ascertained. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of two triplets which have occurred under his care, and shall be filled up by him, or by any person under his authority, as soon as the birth of such triplets shall be ascertained. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of two triplets which have occurred under his care, and shall be filled up by him, or by any person under his authority, as soon as the birth of such triplets shall be ascertained.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

January 4, 1891
 Lombard St No 236
 Helen Weiss
 Bilfeld
 Balt.
 Henry Weiss
 Tailor
 Balt.
 Mrs. L. H. Branch
 Lombard St No 114

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 4. 1887*
4. Place of Birth, (Street and Number) *261 Preston St*
5. Full Name of Mother, *Mary Jane Zellers*
6. Mother's Maiden Name, *O'Neill*
7. Mother's Birthplace, *Balt City*
8. Full Name of Father, *Joseph Zellers*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Balt City*
- Name of Medical Attendant, or other Person who make this Return *Marbury Brewer M.D.*
- Address, *68 McCallum St.*
- Remarks.

SECTION 8. And be it further enacted and declared, that every person having charge, custody or control of a birth, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the facts can be ascertained, the names, sex, race, color, place of birth, and the date of birth, and the date of delivery, and the date of registration, and the date of the birth of any child shall secure without any attempt to make a false statement, and shall be subject to the duty of the parent or parents of such child to report its birth to the Board of Health, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without any attempt to make a false statement, and shall be subject to the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of not less than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth. *Born January 4, 1884*
4. Place of Birth, (Street and Number) *W. Woodyear St*
5. Full Name of Mother, *Alice, William*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Northampton, Va*
8. Full Name of Father, *Lewis Johnson*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return *Mary B. Jones*
- Address, *No 17 Water St*
- Remarks, _____



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1870
FEB 2 1870
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4th January 1864

4. Place of Birth, (Street and Number)

179 S. Charles

5. Full Name of Mother,

Anne Wolfram

6. Mother's Maiden Name,

Luciel

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John Wolfram

9. Father's Occupation,

Wheelwright

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

J. W. Webster

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

ninth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th January 1884

4. Place of Birth, (Street and Number)

No. 4 Bennett Street

5. Full Name of Mother,

Sophia Collins

6. Mother's Maiden Name,

Sophia Lee

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George B Collins

9. Father's Occupation,

Glazier

10. Father's Birthplace,

London

Name of Medical Attendant, or other Person who makes this Return

Mrs

Sarah Gullens

Address,

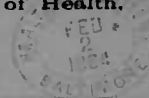
104 Currier Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 4th 84*

4. Place of Birth, (Street and Number) *14 Seneca St.*

5. Full Name of Mother, *Mary Hysen*

6. Mother's Maiden Name, *Mary Small*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *F. W. Hysen*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. H. Miller M.D.
188 Franklin St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan-4th 1884*
4. Place of Birth (Street and Number) *437 N. Central Ave.*
5. Full Name of Mother *Sarah Jane Watson*
6. Mother's Maiden Name *Sarah Jane Thompson*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Arthur G. Watson*
9. Father's Occupation *Doctor*
10. Father's Birthplace *Ananook Accomac Co. Va.*
- Name of Medical Attendant, or other Person who makes this Return. *A. G. Watson*
- Address *437 N. Central Ave.*
- Remarks *A "plump healthy Baby."*
weighing 10^{lbs} 14^{ths}

of Baltimore, under whose charge or supervision a birth shall have taken place, shall be subject to a fine of not less than one hundred dollars, nor more than five hundred dollars, and to a term of imprisonment of not less than thirty days, nor more than six months, for each and every such neglect or omission. This sentence shall remain in full force and effect until the Legislature of the State of Maryland shall have passed a law to the contrary. This sentence shall remain in full force and effect until the Legislature of the State of Maryland shall have passed a law to the contrary. This sentence shall remain in full force and effect until the Legislature of the State of Maryland shall have passed a law to the contrary.

1557

82

female

~~White~~ White

January 4th 1884

No 220 Chestnut St near Tremont

Virginia ~~Wille~~ Hille

Miller

Baltimore Md.

Ferdinand Hill

No. 220 Chestnut St

Switzerland Spain

Mrs Hunter

21 of Representative

21 of Representative

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Walter*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 4th 1884

4. Place of Birth (Street and Number)

29 Camden St

5. Full Name of Mother

Walter Finckh

6. Mother's Maiden Name

"

7. Mother's Birthplace

Virginia

8. Full Name of Father

Geo Finckh

9. Father's Occupation

Common Merchant

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Dr A Lewis

Address

162 Hanover St

Remarks



[illegible]

h, Baltimore City.

7

Male

White.

Balte. Jan 4. 1884

Fayette Brown No 7.

H. Shinka

20

Bohemian

Peter Oliva

Laborer:

Bohemia

Mary O'Connell

69 N Washington st

May Olesch

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 4th, 84

4. Place of Birth, (Street and Number)

maternity - 161 N Lombard

5. Full Name of Mother,

Emma Cooper

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. P. M. Intosh M.D.

Address,

161 N Lombard

Remarks,

es-tries. And he who charges and entreats. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall become due, shall be bound to add to the list of the names of the births which shall be born during the month, and shall set forth, as far as the same can be ascertained, the full name of each child or children, the sex, color, and the full names and occupation of the parents, the day and the month in which they have been conceived, the place where they were born, and the time of their birth, between the first and third day of every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the parent or parents of such child, or the father of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and the death of any child, shall be bound to appear before the Board of Health, in the manner, and at the time, and place, to be determined by the Board of Health, and to pay to the said Board of Health, a fine of ten dollars for each conveyance, to be recovered as other fines and penalties are now recoverable.

of the

Female

White

Jan'y 4th 1884
14.3 5th 0

143 S Ann St

Mary Ann Moody

11" Brown

Yr Ireland
Yr Moxley

Ym Emydd

Capt- of Eng Boat-
Horn Section

Ms. L. Wiley

or other Person who
makes this Return

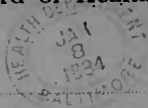
12 Patterson Park Ave.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 4

4. Place of Birth, (Street and Number)

369 Light St

5. Full Name of Mother

Annie Foster

6. Mother's Maiden Name,

Zentgraf

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Zentgraf

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Anna Nash

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

78152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 4th 84

4. Place of Birth (Street and Number)

85 Penna Ave

5. Full Name of Mother

Bessie

6. Mother's Maiden Name

Fail

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edgar J. M. Spier

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. Smith M.D.
281 S. Charles St.

Address

Remarks

real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan 4th 88
4. Place of Birth (Street and Number) # 65 Dickerson St.
5. Full Name of Mother Mrs. Tillan Hess
6. Mother's Maiden Name Blackburn
7. Mother's Birthplace Eastern Shore Md.
8. Full Name of Father Wm. H. Hess
9. Father's Occupation Sailor & Oyster Shucker
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. City Blackman
- Address 28 E. 1st St
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AM
10
24

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 4th 1884*
4. Place of Birth, (Street and Number) *283 Ranny St*
5. Full Name of Mother, *Ella Jean Ella Catherine*
6. Mother's Maiden Name, *Ella Jean*
7. Mother's Birthplace, *Balt City*
8. Full Name of Father, *Edmund Catherine*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Balt-*
- Name of Medical Attendant, or other Person who makes this Return *Samuel F Hill M.D.*
- Address *17 N. Calhoun St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68586

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 4 1884

4. Place of Birth, (Street and Number)

253 Druid Hill Ave

5. Full Name of Mother,

Dolly Roebuck (Gold)

6. Mother's Maiden Name,

"

"

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Alexander Tinsley M.D.

Address,

386 Druid Hill Ave

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Color*

3. Date of Birth *14th January 1884*

4. Place of Birth (Street and Number) *#411 Sharp St. City*

5. Full Name of Mother *Mrs. Devery*

6. Mother's Maiden Name *Mrs. Gibson*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Deer Devery*

9. Father's Occupation *Porter*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Elvira Harris*

Address *#16 Vine St.*

Remarks *A fine Baby, very healthy, 13 3/4 lb weight.*
"Doing well at present." A little lump on its back just up to head.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, and shall be bound to be furnished with or to furnish to the Registrar of the Office of Health, a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and who shall be delivered, duly signed by the practitioner, in the form of a certificate, and shall transmit the same to the Registrar of the Office of Health, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 26th 1884*

4. Place of Birth, (Street and Number) *W. Castle St. No. 151*

5. Full Name of Mother, *Lara Matcis*

6. Mother's Maiden Name, *Lara Kellnerdorf*

7. Mother's Birthplace, *Philadelphia, Pennsylvania U.S.*

8. Full Name of Father, *Heinrich K. Matcis*

9. Father's Occupation, *Spiceman*

10. Father's Birthplace, *Schneidm. Rousson Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Keller*

Address, *No. Dallas St. No. 26*

Remarks, _____

1519

30

90

Hiale

White.

January 4th 1884

911 Madison Ave

Ella G. Luthi

Elia G. McComas.

Baltimore City.

Yours F. Tenth.

Book-keeper.

Кавказ КД

John Pennings

Remarks,

[illegible]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1897
13
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 1889
4. Place of Birth, (Street and Number) 277 E. Baltimore St.
5. Full Name of Mother, Kate B. Bouchard
6. Mother's Maiden Name, Bouchard
7. Mother's Birthplace, Ireland
8. Full Name of Father, James H. Bouchard
9. Father's Occupation, Clerk
10. Father's Birthplace, New York
- Name of Medical Attendant, or other Person who makes this Return Dr. J. M. McKeown
- Address 189 E. Baltimore St.
- Remarks.....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. Mother's Maiden Name.

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

(more) MORE
4th January 1884.
Wm Cooksey & L.P.
Gerrits Klammick
" Sawiske
Germany
Fredrick Klammick
Laborer
Germany
Ad Bulaufschin
H.C.S. Perso.

[illegible]

h, Baltimore City

3rd

Female

White

Jan. 4th 84

110 Columbia Ave

Mary Phaece

Trissolan

Baltimore

Fred. Schaefer

Carpenter

Battineone

or other Person who
makes this Return

Mary Krol

328 J. Entero St

JOHN F. PINT & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 4th 1884
4. Place of Birth (Street and Number) Clay St 124th 1884
5. Full Name of Mother Luriza Virginia Vellen
6. Mother's Maiden Name Luriza Virginia Vellen
7. Mother's Birthplace St. Mary's County Maryland
8. Full Name of Father John Vellen
9. Father's Occupation Salesman -
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Groom
- Address 466 Gay St Ball
- Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Jan 1st 1891
4. Place of Birth (Street and Number) 1111 St. James Jackson St
5. Full Name of Mother Mary Eliza Hartline
6. Mother's Maiden Name Franklin
7. Mother's Birthplace Baltimore Co
8. Full Name of Father James Henry Hartline
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, of other Person who makes this Return. Elizabeth Jewell
- Address 3811 North Ave
- Remarks

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall keep a true and correct register of all births which occur in the City, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth, for each birth, the name of the mother, her age, color, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health, or to the birth of each child shall be secured, and the said certificate shall be filed in the office of the Board of Health, and the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period now required, except in the cases of the birth of a child, and whether of illegitimate birth, or of any person or persons, shall be deemed to be satisfied by the filing of the said certificate, and no person shall be subject to a fine or ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

2nd
Male
White
Jan 4th 1884
531 Brown St
Dina Hess
" Logansport
Germany
Helen Hoff
Stone Dealer
Germany
Quaker Col. H. H. H.
116 St. Ann St. B. R. S.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Dec. 5 - 1884*

4. Place of Birth (Street and Number) *279 N. Eden st*

5. Full Name of Mother *Julia Theresa ~~King~~ O'Malley*

6. Mother's Maiden Name *Hamilton*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *John Albert O'Malley*

9. Father's Occupation *Carrier*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this return *Pierre Bro. Gausch*

Address *325 E. Baltimore St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *January 5th.*
4. Place of Birth, (Street and Number) *No 473 W. Power st.*
5. Full Name of Mother, *Elizabeth M. McCartney*
6. Mother's Maiden Name, *Russell*
7. Mother's Birthplace, *Washington D.C.*
8. Full Name of Father, *John M. McCartney*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Cor. Columbia Ave. & Fremont St.*

Remarks, *Child in good physical condition, & living.*

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who shall deliver a child, shall be bound to file a true and correct return of the birth of such child, in the form and manner prescribed by the Board of Health, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of, race, sex, and place of birth of the child; and the date and hour of birth, and the date and hour of delivery, and the place of its birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or a person duly qualified to certify as to the date and hour of birth, the practitioner shall be bound to file a true and correct return of the birth of such child, in the form and manner prescribed by the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as a civil offense, and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person practicing medicine in the City of Baltimore, shall be and are hereby required to register each birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, and the day and hour of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health, between the first and third day of each and every month, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a midwife, or of a person practicing medicine, the said schedule shall be delivered to the Registrar of Health by the parent or parents of such child, or by the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *111* 3

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5 Jan. 1884*

4. Place of Birth, (Street and Number) *Balto. Castle St No 3*

5. Full Name of Mother, *Sophie Wacha*

6. Mother's Maiden Name, *J. Hermann*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Fr. Wacha*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Mary Koppisch*

Address, *69 No Washington*

Remarks, *Mary Koppisch*

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within the days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 5th 84

4. Place of Birth, (Street and Number)

161 N. Lombard

5. Full Name of Mother,

Amie Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Sweden

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. P. M. Dutcher M.D.

Address,

161 N. Lombard

Remarks,

"That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

68601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 9th 84

4. Place of Birth, (Street and Number)

161 W. Lombard Maternity

5. Full Name of Mother,

Lucilla Williams

6. Mother's Maiden Name,

Maryland

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

M. M. Intuck Ma

Name of Medical Attendant,

or other Person who
makes this Return

Address,

161 W. Lombard

Remarks,

Illegitimate

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1860

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth May 25, 1864
4. Place of Birth, (Street and Number) 98 St. Biddle St.
5. Full Name of Mother Julia Lillum
6. Mother's Maiden Name Cassick
7. Mother's Birthplace Ireland
8. Full Name of Father John F. Lillum
9. Father's Occupation Alcohol Dealer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Edward R. M. D. D. D.
- Address 57 N. York St.
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

68606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *Jan 5*

4. Place of Birth (Street and Number) *124 Scott St*

5. Full Name of Mother *Addie Smith*

6. Mother's Maiden Name *Henry*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Smith*

9. Father's Occupation *Wig maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Horne*

Address *112 Scott St*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

both

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th of Jan.

4. Place of Birth, (Street and Number)

176 Jefferson St.

5. Full Name of Mother,

Elizabeth Heffner.

6. Mother's Maiden Name,

Elizabeth Heffner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Heffner.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walters

Address,

125 Caroline St.

Remarks,

Section B.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall forward the same to the Registrar of Vital Statistics, at the City Hall, Baltimore, on or before the first day of January next ensuing the birth of the child. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, and the name of the person who attended the mother, and the place where the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, should any other person be in attendance upon the mother, immediately after the birth of the child, and should any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

May 5/94

4. Place of Birth, (Street and Number)

261 Eastward st.

5. Full Name of Mother,

Minnie P. Conradi

6. Mother's Maiden Name,

" Abeli

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

W. C. Conradi

9. Father's Occupation,

Minister

10. Father's Birthplace,

Ohio

Name of Medical Attendant,

or other Person who makes this Return

J. L. Mullan
J. H. Brady

Address,

Remarks,



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, *North Point Road*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

[illegible]

HEALTH DEPARTMENT
Baltimore
JAN 5 1884
BALTIMORE

Laura Homburg
Götz

Baltimore
Henry Humberg
Farmer

Emelen-Hamvord (Gera)
G. Behnken
54 Grosse St.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

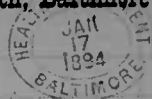
SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, shall be required to keep a book, to be kept in his or her office, in which shall be entered, in full and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Committee of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as he or she can ascertain, the full name of each child, the date of its birth, the place of its birth, and the date of its delivery, and shall be signed by the midwife, in the form of a certificate, between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a midwife, the person who delivered the child, or the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 5th 1894

4. Place of Birth, (Street and Number)

188 Lexington St.

5. Full Name of Mother,

Eliz. Stallow

6. Mother's Maiden Name,

Meyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Stallow

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

328 E. Eutamias St.

Remarks,

[illegible]

1. Sex. (state whether male or female) ♂ male

3. Date of Birth, January 2

5. Full Name of Mother, Georgianna Honey

7. *Mother's Birthplace,*

8. Full Name of Father, Edward Honey

9. *Father's Occupation,* singer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *J. Wilson*

Address, *East St 208*

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

SECTION 6.—And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of said birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain the following particulars, to-wit: the name of the child, the name of the mother, the name of the father, the sex, color, the full name and occupation of the father, the day and place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, before the first and third anniversaries of the birth, to the nearest physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period and at the place, and under the penalty, provided for in the said act, and the said certificate shall be a full and true receipt for the same, and shall be receivable for each offence, to be recovered as other fines and penalties are recoverable, to a fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *January 14*
4. Place of Birth, (Street and Number) *Hill St 159*
5. Full Name of Mother, *Rebecca Brown*
6. Mother's Maiden Name, *Gant*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Benjamin Brown*
9. Father's Occupation, *labour*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *A. Wilson*
- Address, *Crass St 308*
- Remarks,

SECTION 3.—And he it further enjoineth and enjoined, That every person practicing midwifery in the City of Baltimore, under any such high, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full names of the mother and any infants born, the time of the birth, the day and month, the place of birth, the sex, the day and certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a person whom they became the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered on other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 January

4. Place of Birth, (Street and Number)

36 S. Center street

5. Full Name of Mother,

Mary Kafaly
Sitchaiser

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Charles Kafaly

8. Full Name of Father,

Clerk

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

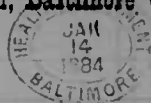
72 E. Lombard

Remarks,

SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, Maryland, shall be and is hereby required to keep a true and correct register of such births, and shall enter the same in a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the day and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner, to the day and certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5 1884
4. Place of Birth, (Street and Number) Skot St 2,44
5. Full Name of Mother, Ellen m Caswean
6. Mother's Maiden Name, Ellen m Can
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Caswean
9. Father's Occupation, Gas hose
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Susan Hunter
- Address, 21 N Poppelton St
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

126

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 6 1882

4. Place of Birth, (Street and Number)

79 S. Park St

5. Full Name of Mother,

Sophie Chrenschall

6. Mother's Maiden Name,

Sophie Winkelman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Chrenschall,

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. D. Esch M.D.

Address,

95 Park an

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION II.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by him or her to the officer of Health, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date of its delivery, and shall sign the same by the name of the midwife, or other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the officer of Health, and to sign the schedule, within the period therein specified, and shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 6th 1884

4. Place of Birth, (Street and Number)

17th Cor. Biddle & N. Sts.

5. Full Name of Mother,

Bertha Bruner

6. Mother's Maiden Name,

Schind

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Bruner

9. Father's Occupation,

Braker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. Seldner M. D.

Address,

J. E. Cro. Eager & Caroline St.

Remarks,



SECTION C.—And be it further enacted and ordained: That every person transcribing, publishing in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the City of Baltimore, and shall deliver the same to the Registrar of Vital Statistics, within the time and in the manner prescribed by the said Commissioner, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 6th 1884.*

4. Place of Birth, (Street and Number) *No. 3. Emily Court.*

5. Full Name of Mother, *Dene. Bauman.*

6. Mother's Maiden Name, *Gaa.*

7. Mother's Birthplace, *Schnatterberg.*

8. Full Name of Father, *Joseph. Bauman.*

9. Father's Occupation, *Taylor.*

10. Father's Birthplace, *Baboy.*

Name of Medical Attendant, or other Person who makes this Return *Anne. Lindner.*

Address, *No 45 S. Monroe St.*

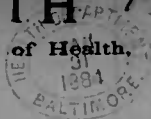
Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 6th 84-*
4. Place of Birth, (Street and Number) *6 Russell St.*
5. Full Name of Mother, *Mary Grebb.*
6. Mother's Maiden Name, *" Schmitz.*
7. Mother's Birthplace, *Balto City.*
8. Full Name of Father, *Louis Grebb.*
9. Father's Occupation, *Packer.*
10. Father's Birthplace, *Balto City.*
Name of Medical Attendant, or other Person who makes this Return *R. J. H. Tall. M.D.*
Address, *152 Sharp St.*
Remarks,

SECTION 0.—And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the persons who have received notice of the birth, and shall also contain a full name of each child of the mother, and the date of birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the date of its delivery. The said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in the form of a certificate, between the first and third day of each and every month, to be kept on file in the office of the Commissioner of Health, and a copy of the same to be sent to the Board of Health, in the manner and within the period above required, except in the case of the death of the mother, in which case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, shall be enforced. And any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, and shall be liable to other fines and penalties as are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *6 of January*
4. Place of Birth, (Street and Number) *1220 Broadway - Allen*
5. Full Name of Mother, *Mary Corbin*
6. Mother's Maiden Name, *= Schneiders*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Frank Corbin Schneider*
9. Father's Occupation, *Barkeeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *G. Behnken*
- Address, *54 Essex St.*
- Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Jan'y 6th 84*

4. Place of Birth, (Street and Number) *204 Ritz St*

5. Full Name of Mother, *Candilla Larkin*

6. Mother's Maiden Name, *Roberts*

7. Mother's Birthplace, *Baltic*

8. Full Name of Father, *Joseph Larkin*

9. Father's Occupation, *Dayman*

10. Father's Birthplace, *Baltic*

Name of Medical Attendant, or other Person who makes this Return *H. Nelson M.D.*

Address, *B'n & C. St.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 5 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 6th 1884*
4. Place of Birth, (Street and Number) *No 296 7th Street W*
5. Full Name of Mother, *Maggi Loose*
6. Mother's Maiden Name, *Maggi Gomerig*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Louise Loose*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *E. Lumbard*
or other Person who makes this Return
- Address, *No 227 7th Street W*
- Remarks,

1628

imore City

St. Michel

69. 42. 69.

Whit.

1st of January 1854.

57, 60, Canard and Mulligan,

Missie Beniga.

Missie Bericht.

Charmant

Frank. Murphy.

Cigar-mater.

Germany.

Crescintia humbel.

71 North Chapel St. for further knowledge

Healthy.

Question 2: (100 Marks)

[illegible]

8-16-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mathilde Meyer first birth

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *January 6th - 1884*
4. Place of Birth, (Street and Number) *Regester 188*
5. Full Name of Mother. *Barline Mezes*
6. Mother's Maiden Name. *Schnell*
7. Mother's Birthplace. *Stucken Wierdenberg*
8. Full Name of Father. *John Mezes*
9. Father's Occupation. *Sabore*
10. Father's Birthplace. *Reidstein Wierdenberg*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Manner*
Address. *No 287 Lombard*
Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~) *Irish*

3. Date of Birth *1. 6. 84*

4. Place of Birth (Street and Number) *213 Lemon St*

5. Full Name of Mother *Mary Donahoe*

6. Mother's Maiden Name *Ward*

7. Mother's Birthplace *Ireland -*

8. Full Name of Father *Patrick Donahoe*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Wm Eastman*

Address *349 Level St*

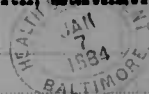
Remarks *Infants - 1st & 2nd child*

Sections 3-5. And he is further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth, and shall enter on the same, in a blank schedule to be furnished by the Commissioner of Health, the name of the mother, the name of the father, the date of the birth, the sex of the child, and the month, and shall set forth, as far as the same can be ascertained, the full name of each child by which it shall have been conferred; In such order, the full name and occupation of its parents, the day and date of its birth, and the date of its baptism, and the date of its first visit to the Board of Health, and the date of its first visit to the Board of Health, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or if the parent or parents of such child shall neglect to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and if the parent or parents of such child shall neglect to pay the fee of one dollar for each child, as herein provided, the name of each child shall be kept on file, and the fee of one dollar for each child, as herein provided, shall be recovered, as other fines and penalties are recoverable.

75631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 6th 1884*
4. Place of Birth, (Street and Number) *17 N. Calvary St.*
5. Full Name of Mother, *Bertha Laupheimer*
6. Mother's Maiden Name, *Wiedmann*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Robert Laupheimer*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return *J. H. CHRISTIAN, M. D.*
- Address, *421 Penn. Av. Gen. Wills*
- Remarks.



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 6th 1884

4. Place of Birth, (Street and Number)

No 50 Walker st

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Sizzie Cornish

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

C. Warr

Address,

258 Salisbury st

Remarks,

None

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Arthur Noah Fleagle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____ Male _____
 2. Race or Color, (if not of the white race) _____ White _____
 3. Date of Birth, _____ January 6, 1888 _____
 4. Place of Birth, (Street and Number) _____ 116 N. 2nd St. _____
 5. Full Name of Mother, _____ Emma (P. L.) Fleagle _____
 6. Mother's Maiden Name, _____ Emma A. Thompson _____
 7. Mother's Birthplace, _____ Carroll Co. Md. _____
 8. Full Name of Father, _____ Frank L. (P. L.) Fleagle _____
 9. Father's Occupation, _____ Farmer _____
 10. Father's Birthplace, _____ Carroll Co. Md. _____

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Record of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Hammond, La.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8d

1. Sex, (state whether male or female) ...

Female

2. Race or Color, (if not of the white race) ...

White

3. *Date of Birth.*

Jan. 6th 84

4. *Place of Birth, (Street and Number)*

134 Barre St.

5. Full Name of Mother,

Eliz Baer

6. *Mother's Maiden Name,*

Keller

7. *Mother's Birthplace,*

New York

8. *Full Name of Father.*

George Baer

9. *Father's Occupation,*

Salomon

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May Hook

Address.

~~11~~ 328

f Entwurf

Remarks.

RECORD OF BIRTHS IN THE CITY OF BALTIMORE.

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of the mother, the name of the child, the sex, the date of the birth, the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said entries shall be made by the person practicing midwifery, or the person in the form of a practitioner of midwifery, or of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents, such duty to be reported to the Registrar of Births and Deaths of the City of Baltimore, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First Child
Male (White)
White Race
5th & 1st January
Cooking St. No 108 West 2.
Marrie Johnson
Marrie Shafford.
Baltimore City
Winfield Johnson
Laborer
Baltimore City
Lizzie Shafford
Corner Fort Ave. & Townsend

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6族

Male

2. Race or Color, (if not of the white race) ...

Jan 6th 1884

156 George St

Catherine Corrigan

Catherine Brady

Baltimore Md

Patrick Corrigan

Porter,

Co. Monaghan Ireland

or other Person who
makes this Return

Benjamin Fleckner

Address.

21st Byrdston St

Remarks.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, ~~2nd~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
 2. Race or Color (if not of the ~~white~~ race) *colored*
 3. Date of Birth *6 Jan 1884*
 4. Place of Birth (Street and Number) *44 Rarst St*
 5. Full Name of Mother *Jony Scott*
 6. Mother's Maiden Name *Jony Jones*
 7. Mother's Birthplace *Balto city*
 8. Full Name of Father *George Scott Churcher*
 9. Father's Occupation *Oyster Shucker*
 10. Father's Birthplace *Balto city*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Anna Buff*
- Address *no 120 Chesnut St*
- Remarks

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Mary Issacs Woodall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth.
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th May 1884
191 W Fayette St
Catharine Comfield
Thrift
Ja
Isaac B Comfield
Merchant
NY

Geo W Opter M.D.
1 Waverly Terrace

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female) *(Female) Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 7th 84*

4. Place of Birth, (Street and Number) *20 A Schroder St.*

5. Full Name of Mother, *Maggie Bast*

6. Mother's Maiden Name, *Maggie Schade*

7. Mother's Birthplace, *Ill.*

8. Full Name of Father, *John Bast*

9. Father's Occupation, *Upholsterer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks *Full name of child - Phillips E. Bast.*

*J. Keller M.D.
188 Franklin St.*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, and shall retain the same during the month, and shall not file it as far as the same can be ascertained, until the full day and any time shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, or of a practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician, immediately thereafter, if shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalty, provided in and by the said act, and the said parent or parents, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 7 Jan. 1884

4. Place of Birth, (Street and Number)

Balt. Thomas st No. 79

5. Full Name of Mother,

Anna Doukoup

6. Mother's Maiden Name,

A. Struis

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Frank Kneis

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this return

Mary Koshish

Address,

69 N. Washington st

Remarks,

Mary Koshish

PROPERTY OF THE COMMISSIONER OF THE CITY OF BALTIMORE.

[illegible]

Baltimore City.

/

Shale

on life.

7 Jan. 1884

Balto. Orleans St No 370.

Margaret Onilliams

Germany

Charles. Williams

Parlor

...Sernang

or other person who
makes this return.

Mar. Kopish

Mary Korwich

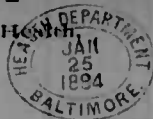
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 1894

4. Place of Birth, (Street and Number)

No 91 Frederick av

5. Full Name of Mother,

Lizzie Scott

6. Mother's Maiden Name,

Lizzie Lingus

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Winifred Scott

9. Father's Occupation,

W & Lith Corn

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

E. Lammox

Address,

No 525 W Lombard St

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. nel

Male

St. J. 1854

Pearson & Co.

Elizabeth Varucke

I " Robine

Be

Chas. Warrick

Through and

B. Co.

Co. J. L. Bickel
1st Co. Bussell

Address,

Remarks.

[illegible]

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

[illegible]

Section 6. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, or in any other place within the limits of the City of Baltimore, shall be subject to the provisions of this section, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

That every person practicing midwifery in the City of Baltimore, or in any other place within the limits of the City of Baltimore, shall be subject to the provisions of this section, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4. Child.*

1. Sex, (state whether male or female) *Little Boy.*

2. Race or Color, (if not of the white race) *White. Race.*

3. Date of Birth, *5th January 1884.*

4. Place of Birth, (Street and Number) *Baltimore. Lemmon. St. N. 3.*

5. Full Name of Mother, *Mrs. Annie Flaig*

6. Mother's Maiden Name, *Miss Annie William.*

7. Mother's Birthplace, *Born in Baltimore*

8. Full Name of Father, *Mr William Flaig*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Born - Manheim - Germany*

Name of Medical Attendant, (if other Person who makes this Return) *Mrs. Katter*

Address, *1077 - West Pratt st city*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

Feb 19

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Kind*
 1. Sex, (state whether male or female) *Boys*
 2. Race or Color, (if not of the white race) *Weiss*
 3. Date of Birth, *Gelsen den 5^{ten} Januar*
 4. Place of Birth, (Street and Number) *N^o 282. S. Bond. Str*
 5. Full Name of Mother, *Margrethe Battermay*
 6. Mother's Maiden Name, *Margrethe Dörse*
 7. Mother's Birthplace, *Deutschland*
 8. Full Name of Father, *Gottfried Battermay*
 9. Father's Occupation, *Coper*
 10. Father's Birthplace, *Deutschland*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
 Address, *N^o 202 S. Dallas Str*
 Remarks, *Hebamme*

Return of Birth Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6865A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Rind*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *geboren den 7^{ten} Januar*

4. Place of Birth, (Street and Number) *N^o 253 S. Dallas Str*

5. Full Name of Mother, *Emilie Wappmann*

6. Mother's Maiden Name, *Emilie Schultz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Sehan Wappmann*

9. Father's Occupation, *Handarbeiter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Friederike Raupmann*

Address, *N^o 202. S. Dallas Str*

Remarks, *geboren*

CERTIFICATE OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^{tes} Kind*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 7^{ten} Januar*
4. Place of Birth, (Street and Number) *N^o 146 Eastern Av*
5. Full Name of Mother, *Elisabeth Mackygart*
6. Mother's Maiden Name, *Elisabeth Raizer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Mackygart*
9. Father's Occupation, *Hausarbeiter*
10. Father's Birthplace, *Deutschland.*
Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
Address, *N^o 202. S. Duller St*
Remarks, *Hebamme*



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *January 7th 84*
 4. Place of Birth (Street and Number) *127 West St.*
 5. Full Name of Mother *Margaret*
 6. Mother's Maiden Name *Bouchner*
 7. Mother's Birthplace *Prussia.*
 8. Full Name of Father *Frederick Huesman*
 9. Father's Occupation *Sailor.*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *John Smith M.D.*
 Address *281 S. Charles St.*
 Remarks *hereditary Post Partum Hemorrhage*

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *January 7th 1884*
 4. Place of Birth (Street and Number) *18 Stockholm St. Balt. Md.*
 5. Full Name of Mother *Mary Isabelle Kennard*
 6. Mother's Maiden Name *" Mathews*
 7. Mother's Birthplace *Howard Co. Maryland*
 8. Full Name of Father *Chas Kennard*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *West-River Md.*
 Name of Medical Attendant, or other Person who makes this Return *Lavina Mills*
 Address *46 Stockholm St.*
 Remarks *Mother and Child doing well*

Return of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65654

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

10
1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 of January 1884

4. Place of Birth, (Street and Number)

150 Sterling Street

5. Full Name of Mother.

Mary Goettloff

6. Mother's Maiden Name,

Mary E. Sauer

7. Mother's Birthplace,

W. Baltimore

8. Full Name of Father,

John Goettloff

9. Father's Occupation,

Shoemaker

10. Father's Birthplace.

Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return

Mary Christina Sauer

Address,

1172 Maryland Avenue

Remarks,

W. Baltimore Md. 1884

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

After

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

11
10
24

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 7th, 1886.*
4. Place of Birth, (Street and Number) *114 S. Howard St.*
5. Full Name of Mother, *Annie Kessup*
6. Mother's Maiden Name, *Annie Commons*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *John Kessup*
9. Father's Occupation, *Plasterer*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, *or other Person who makes this Return* *Shuman & Hill*
- Address *17 N. Calhoun St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 7. 84

4. Place of Birth, (Street and Number)

108 Preston St.

5. Full Name of Mother,

Mary Ann Sheer

6. Mother's Maiden Name,

" " Gorgas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Sheer

9. Father's Occupation,

Sever Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr Morgan

Address,

119 Monument St

Remarks,

COPIES RETURNED TO THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 7th 1884*

4. Place of Birth, (Street and Number) *56 Stenett St*

5. Full Name of Mother, *Hekla Daily*

6. Mother's Maiden Name, *J Samuels*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *Winfield Scott Daily*

9. Father's Occupation, *Piano maker*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return *Geo R Graham M.D.*

Address, *136 Columbia Ave*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male Colored
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Jan 7th 1894
4. Place of Birth, (Street and Number) Chester Alley No 127
5. Full Name of Mother Mary Ellen Sheridan
6. Mother's Maiden Name Mary E. Wallace
7. Mother's Birthplace Queen Anne's Co Md
8. Full Name of Father Alexander Sheridan
9. Father's Occupation Labor
10. Father's Birthplace Howard Co Md
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary E Wallace
- Address 40 113 Rabourge St
- Remarks _____

RETURNED TO THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (~~state whether 1st, 2d, 3rd, etc.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, *In some attend case unless am sent for from instruments.
or M.D. desiring this chap. of practice.*



Jan 7 1884
65 Market Street
Anna Rosa
Erinnia
Italy
Anna Rosa
Barber
Italy

Dr. Wm. H. H. M.D.
88 East Baltimore St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*
 1. Sex (state whether Male or Female) *Female.*
 2. Race or Color (if not of the white race) *W. Race.*
 3. Date of Birth *7th Jan. 1894.*
 4. Place of Birth (Street and Number) *Baltimore 41 North Central Ave.*
 5. Full Name of Mother *Emily Smith.*
 6. Mother's Maiden Name *Mc. Cardale*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Elsworth Smith.*
 9. Father's Occupation *Carpenter.*
 10. Father's Birthplace *Pensylvania*
 Name of Medical Attendant, or other Person who makes this Return. *Sam. Herman.*
 Address *No. 10. South Eden St.,*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Jan 7th 1884
49 Harrison St.
Hannie Johnson
" Phila
Balti
Thos B. Johnson
Plasterer
Balti
A. V. Shepherd M.D.
88 2 Balto St

Corrected Records of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

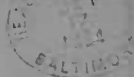
1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan 7th 1884
 4. Place of Birth, (Street and Number) No 153 Conway St
 5. Full Name of Mother, Minnie Plinn
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Balto City
 8. Full Name of Father, James Plinn
 9. Father's Occupation, Book Clerk
 10. Father's Birthplace, Balto City
- Name of Medical Attendant, or other Person who makes this Return Deborah Morris
- Address, 71 Burgundy Alley
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*

1. Sex, (state whether male or female) *F.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7th Jan'y 86*

4. Place of Birth, (Street and Number) *11 Hillman St.*

5. Full Name of Mother, *Susan Corney*

6. Mother's Maiden Name, *Susan W. Meyer*

7. Mother's Birthplace, *Ann Arund.*

8. Full Name of Father, *J. T. Corney*

9. Father's Occupation, *Brick Maker*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *J. H. Robinson M.D.*

Address, *27 1/2 Green St.*

Remarks,

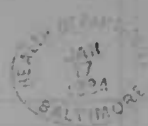
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1866

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 7/84

4. Place of Birth, (Street and Number)

308 E. Balto. St.

5. Full Name of Mother,

Kate Donovan

6. Mother's Maiden Name,

" Billingslea

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

William Donovan

9. Father's Occupation,

Pattern Maker

10. Father's Birthplace,

Dart. Mass.

Name of Medical Attendant,

or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 O. Prov. St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 11 / 66*
4. Place of Birth, (Street and Number) *18 Laneastn*
5. Full Name of Mother, *Rebecca Smith*
6. Mother's Maiden Name, *Everts*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James W. L. Smith*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Balti. Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *R. W. Mansfield M.D.*
- Address, *117 E. Broadway*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 7, 1894*

4. Place of Birth, (Street and Number) *10 W. Street*

5. Full Name of Mother, *Mary E. Smith*

6. Mother's Maiden Name, *Mary E. White*

7. Mother's Birthplace, *Potsdam, Virginia*

8. Full Name of Father, *Mary E. White Robert C. Smith*

9. Father's Occupation, *Mariner*

10. Father's Birthplace, *Worcester Co. Maryland*

Name of Medical Attendant, or other Person who makes this Return *J. N. Hiley, M.D.*

Address, *195 West Lombard St*

Remarks,

15667

HEB 14 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th Jan'y 84*

4. Place of Birth, (Street and Number) *205 Laurel St*

5. Full Name of Mother, *Ann M. Howard*

6. Mother's Maiden Name, *" " Spies*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *J. W. Howard*

9. Father's Occupation, *Wholesale Liquor Dealer*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return *Asa Dodge, M.D.*

Address, _____

Remarks, _____

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the person attending the birth, and shall be signed by any name shall have been conferred. In sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, who shall immediately thereupon, if a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, if a practitioner of midwifery, or duty of the parent or parents of such child to report its birth to the Registrar of Health, in no manner, and within the period now provided by law, shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 7th 1884

4. Place of Birth, (Street and Number)

498 N. Lombard

5. Full Name of Mother,

Susie B. Watkins

6. Mother's Maiden Name,

" " McKenzie

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Robt. W. Watkins

9. Father's Occupation,

Barber.

10. Father's Birthplace,

Petersburg Va.

Name of Medical Attendant, or other Person who makes this Return

A. M. McAdams

Address,

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, ~~2d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)
 2. Race or Color (if not of the ~~white~~ race) *Colored*
 3. Date of Birth *7 Jan 1884*
 4. Place of Birth (Street and Number) *33 Chestnut St*
 5. Full Name of Mother *Rochel Jones*
 6. Mother's Maiden Name *Rochel Cox*
 7. Mother's Birthplace *Balto*
 8. Full Name of Father *Charles Jones*
 9. Father's Occupation *X*
 10. Father's Birthplace *X*
- Name of Medical Attendant, or other Person who makes this Return. *Miguelina Puff*
- Address
- Remarks

Health, Baltimore

With, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex. (state whether male or female) *girl*

2. Race or Color, (if not of the white race) ... *white*

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 311 Central Avenue

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*10. *Father's Birthplace.*

Name of Medical Attendant.

or other Person who
makes this Return.

Address.

Remarks.

[illegible]

Section 6.—And he is further charged and enjoined, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the midwifery during the year, and shall be filled up by the midwife, and shall be delivered to the Commissioner of Health, at the place of its birth, and the said schedule shall be delivered, duly signed by the midwife, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth of illegitimate children, and any other person who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, January 8, 1884

4. Place of Birth, (Street and Number) W. Wall St. No. 70

5. Full Name of Mother, Wilhelmine Mueller

6. Mother's Maiden Name, Kayelgesany

7. Mother's Birthplace, Hannover

8. Full Name of Father, Philip Mueller

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Hessen

Name of Medical Attendant, _____

or other Person who makes this Return

Wm. Loh. Kugelberg

Address, W. Wall St. No. 70

Remarks, _____

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the physician, midwife, or other person who attended the birth, and any name shall have been conferred, its sex, color, the full name and occupation of its mother, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first and third day of each and every month to the Board of Health. In case the certificate is given to the Board of Health, it shall be the duty of the Board of Health to cause the same to be entered in the register of births, and to cause the same to be published in the Baltimore Free Press, and to cause the same to be filed in the office of the Board of Health. In case the certificate is given to the Board of Health, it shall be the duty of the Board of Health to cause the same to be entered in the register of births, and to cause the same to be published in the Baltimore Free Press, and to cause the same to be filed in the office of the Board of Health. In case the certificate is given to the Board of Health, it shall be the duty of the Board of Health to cause the same to be entered in the register of births, and to cause the same to be published in the Baltimore Free Press, and to cause the same to be filed in the office of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

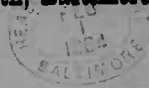


Male
White
8th January
2 West High
Elizabeth Hecker
Boon
Germany
Wm Hecker
Porter
Germany
Prof Wm
1 Love Enfield W.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank certificate to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, and shall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, who shall file the same in the office of the Registrar, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 8. 1884*

4. Place of Birth, (Street and Number) *No 284 Cross st cor Landon hall*

5. Full Name of Mother, *Anaïla Müller*

6. Mother's Maiden Name, *Albert*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Johann Christoph Müller*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Bavaria Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. M.*

Address, *1 S. D. 1000 N.*

Remarks,

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of every birth which shall occur under his or her charge or superintendence, and shall, at the expiration of every year, submit the same to the Registrar of Vital Statistics, for his or her examination and signature. This schedule shall contain a list of the names of the mother and child, the date of the birth, the sex, color, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, and shall also contain a statement of the name of the physician, or of a practitioner of midwifery, or of any other person who attended the birth, and of the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 8th, 1884.*

4. Place of Birth, (Street and Number) *No 111 Saratoga St. E. Ewing Court.*

5. Full Name of Mother, *Mary Volz.*

6. Mother's Maiden Name, *Kiecher*

7. Mother's Birthplace, *Hersfeld, Pr.*

8. Full Name of Father, *Heinrich Volz.*

9. Father's Occupation, *Clerk.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Gindner*

Address, *No 45 S. Monroe St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth Jan 8th 1884
4. Place of Birth, (Street and Number) 23 N. Gay St.
5. Full Name of Mother Elmore Lehman
6. Mother's Maiden Name " Hancock
7. Mother's Birthplace Balt.
8. Full Name of Father Thomas Lehman
9. Father's Occupation Clerk
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Edmund R. Mendenhall
- Address 84 Weymouth St.
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Jan 8th 1884

4. Place of Birth (Street and Number)

287 N. Mount St

5. Full Name of Mother

Olivia Collins

6. Mother's Maiden Name

" James

7. Mother's Birthplace

Virginia

8. Full Name of Father

Monroe Collins

9. Father's Occupation

Travelling Agent

10. Father's Birthplace

Balto Co Md

Name of Medical Attendant, or other Person who makes this Return.

Jas. E. Hibbons M.D.

Address

47 Edmondson ave

Remarks

H/1/1/1

Simore City

2nd child.

Key:

7.11.6

5th of January 1884.

435 Caper. - tree

Barry M. H. H. H. H.

Very Bright

Propeller

Same Bright

Yours

Asaph. lat.

Cuscuta. Kunth.

71 North Chapel St. per front door. Kew Hill.

Health.

[illegible]

[illegible]

h. Baltimore City

1. Sex, (state whether male or female) ... *Male* ...

3. Date of Birth, Jan 14 1884

5. Full Name of Mother, Emma M. Hedley

7. Mother's Birthplace, Saint Mary County

9. Father's Occupation, Yaka,

Name of Medical Attendant, or other Person who makes this Return Sarah Pennington

Address, No 120 Dyce Ave

SECTION 9. - And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, and shall retain the same until it shall be required by the Registrar, and shall set forth, as far as the same can be ascertained, the full name of each child at the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or by the person in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons of such child to report its birth to the Board of Health, in the manner and within the period now provided by law, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 8 11

4. Place of Birth, (Street and Number)

Ann St 25

5. Full Name of Mother,

Ella Diemith

6. Mother's Maiden Name,

Justin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Diemith

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

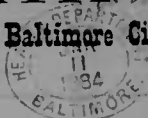
Mrs. Maurer

Address,

278 Lombard St

Remarks,

Good



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 8. 1894

4. Place of Birth, (Street and Number)

174 Scott St

5. Full Name of Mother

Margaret Eliason

6. Mother's Maiden Name,

M. Musselbaugh

7. Mother's Birthplace,

Carroll County

8. Full Name of Father,

Wm E Eliason

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D.

Address,

136 Columbia Ave

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in the office of the Registrar of Vital Statistics, within the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, within the month, and shall be retained by the Registrar of Vital Statistics, until the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or until the parent or parents of such child report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, and for the purpose, and for the effect, provided for in any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 8th 1884.*

4. Place of Birth, (Street and Number) *137 N. Tricker St.*

5. Full Name of Mother, *Estelle Dulaney.*

6. Mother's Maiden Name, *Estelle Kennedy.*

7. Mother's Birthplace, *Baltimore City.*

8. Full Name of Father, *Harry S. Dulaney.*

9. Father's Occupation, *Accountant.*

10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, or other Person who makes this Return *John O. Pennington M.D.*

Address, *134 N. Carrollton Av.*

Remarks,

"Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
JAN 15
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *2^d Second female Child*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *January 8 1884*

4. Place of Birth, (Street and Number) *Place of Birth 122 South Bethel St*

5. Full Name of Mother, *Eliza Folks*

6. Mother's Maiden Name, *Eliza Henderson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Folks*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Susan Morgan No 47 South Durham*

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP 11 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

The first child

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

February 8 Third 1887

4. Place of Birth, (Street and Number)

N. 1. 1. 8 North Stirling St

5. Full Name of Mother,

Maggie Thompson

6. Mother's Maiden Name,

Maggie Thaxter

7. Mother's Birthplace,

Baltimore M.D

8. Full Name of Father,

Samuel P Thompson

9. Father's Occupation,

yster shucker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Dales

Address,

1714 Stirling St. B. Md

Remarks,

1117

HEALTH
12
24

4th

Journal
1811
H. B. C.

Life of R. L. B. 1841

January 1900

No 134. Caroline St

Maggie Myler

1891

Baltimore Md. D.

Charles Ingles

Chamber

James M. Smith

Mrs. Hannah Knowles

136 S. Barlow St

720

JOHN E. TROT & SONS, CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Poland
3. Date of Birth Jan 8th 1884
4. Place of Birth (Street and Number) Church St No 88 Baltimore
5. Full Name of Mother Eliza Jane Mrazier
6. Mother's Maiden Name Eliza Jane
7. Mother's Birthplace Caroline Co Md
8. Full Name of Father Edward Mrazier
9. Father's Occupation Stenographer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks Mrs F Granby

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he or she shall be deemed to be, an ex-
 and registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Comma-
 suer of Health. This schedule shall contain a list of the births which have occurred under his or her care
 during the month, and shall set forth, as far as the same can be ascertained, the name of the mother, the
 place of her birth, and the date of her birth, and the date of her delivery, and the date of her confinement,
 place of her birth, and the date of her birth, and the date of her delivery, and the date of her confinement,
 between the first and third day of each and every month, to the Board of Health. In case the
 birth of any child shall occur without the attendance of a physician, the person who shall deliver the
 child, or the person who shall receive the child, or the person who shall deliver the child, or the person
 dity of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
 within the period above required, except in the cases of the births and deaths of illegitimate children, and
 any person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject
 to a fine of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 5. 1884

4. Place of Birth, (Street and Number) Hubert Street No. 121

5. Full Name of Mother, Catheren Bannon

6. Mother's Maiden Name, Catheren Peters

7. Mother's Birthplace, London, Eng.

8. Full Name of Father, Daniel Barrman

9. Father's Occupation, Laborer

10. Father's Birthplace, Point Point

Name of Medical Attendant, or other Person who makes this Return Mrs. Ettel

Address, No 13 Cuba St. I. P.

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth January 8th 1884
 4. Place of Birth (Street and Number) Bicent St No 259 12. 10. 1884
 5. Full Name of Mother Anna Eliza White
 6. Mother's Maiden Name Anna Eliza White
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Edwin Winfield White
 9. Father's Occupation Briantier
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Groom
 Address 466 North Gay St
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

balard

3. Date of Birth,

January the 2nd 1884

4. Place of Birth, (Street and Number)

No 19 arch and st

5. Full Name of Mother,

Annie Macky

6. Mother's Maiden Name,

Annie prater

7. Mother's Birthplace,

Luranel to

8. Full Name of Father,

Jemier Macky

9. Father's Occupation,

water

10. Father's Birthplace,

royal rap Talbot to Md

Name of Medical Attendant, or other Person who makes this Return.

Mary Lohme M.D. Coons & Selby,

Address,

Remarks,

of Indiana, under whose charge or supervision a birth and baptizer take place, shall keep a true and correct record of the birth and baptism of every child born in this State, and shall transmit the same to the Secretary of Health. This schedule shall contain a list of the birth which have occurred, under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if known, the date of birth, the place of birth, the name of the mother, the name of the father, the date of the child's birth, and the date of baptism, and the date of the child's death, if the child should die within the period above required, except in the cases of the birth and death of illegitimate children, and in the case of children born to parents who are not residents of this State, and in the case of children subject to a life of trial, subject for each child to be transmitted to the Secretary of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In the case of the birth of any child, and occur within the attendance of a physician, or of a practitioner of midwifery, or of the parent or parents of such child, to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in the case of children born to parents who are not residents of this State, and in the case of children subject to a life of trial, subject for each child to be transmitted to the Secretary of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In the case of the birth of any child, and occur within the attendance of a physician, or of a practitioner of midwifery, or of the parent or parents of such child, to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and in the case of children born to parents who are not residents of this State, and in the case of children subject to a life of trial, subject for each child to be transmitted to the Secretary of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *From 1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *8 January*

4. Place of Birth, (Street and Number) *75 Lombard*

5. Full Name of Mother, *Johannah Garhardt*

6. Mother's Maiden Name, *Ferguson*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Paul E. Lehner*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address, *72 E. Lombard*

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, as far as the same can be ascertained, the full name of each child, its place of birth, and the date of its birth, and the date of its delivery, duly signed by a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been authorized by the Registrar of Vital Statistics, Baltimore City, to act in that capacity. In case the child is born dead, the date of its death shall be noted, and the cause of death, and the date of its burial, and the name of the person who has been authorized by the Registrar of Vital Statistics, Baltimore City, to act in that capacity. In case the child is born alive, but dies within the period above required, except in the cases of the births and deaths of illegitimate children, and in any other case where the Registrar of Vital Statistics, Baltimore City, may deem it proper, the date of its death shall be noted, and the cause of death, and the date of its burial, and the name of the person who has been authorized by the Registrar of Vital Statistics, Baltimore City, to act in that capacity. In case the child is born alive, and is recovered, the date of its recovery shall be noted, and the name of the person who has been authorized by the Registrar of Vital Statistics, Baltimore City, to act in that capacity.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

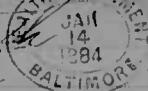
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st
Female

White

January 9th 1884

66 W Pine St

Annie P. Wiles

Annie P. Henrië

Baltimore Md

Lehal L. Wiles

Letter Carrier

Baltimore Md

Susan Hunt

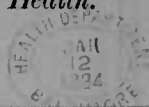
21 W Poplar St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Jan'y 8, 1884*
 4. Place of Birth (Street and Number) *30 Frederick Ave*
 5. Full Name of Mother *Laura Hilton Catcher*
 6. Mother's Maiden Name *Laura Hilton*
 7. Mother's Birthplace *Maryland*
 8. Full Name of Father *John Henry Catcher*
 9. Father's Occupation *Brick Layer*
 10. Father's Birthplace *Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *James Brooley M.D.*
 Address *319 Hollins St*
 Remarks

NOTICE

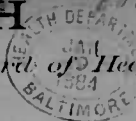
**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 8 1884*
4. Place of Birth, (Street and Number) *Sumner's Alley Street*
5. Full Name of Mother, *Mary Parson*
6. Mother's Maiden Name, *Mary Brady*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Parson*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mary T. Mayne*
or other Person who makes this Return.
- Address, *54 Bayard Street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

February 9. 84
S. Edmstr No 117
Marry Schaudert
Polster
Balt
Johann Schaudert
Lebner
Bavaria
Wm. Schaudert
S. Helfstr No 14

88197

Introduce

- [illegible]

RECEIVED
Baltimore City
JAN 21 1884
BALTIMORE

[illegible]

2

Girl

White

9 Jan. 1884

Balto. Thomas. et No 44-613

B. Palam

B. George

Slavomir

Palom. Palom

Palmer

Florana

Mary Koptish

69 N. Washington St.

Mary Kopitz

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

68701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Brown Skin*
3. Date of Birth, *Born January 9th 1884*
4. Place of Birth, (Street and Number) *No 78 Burgundy Alley*
5. Full Name of Mother, *Esther Marshall*
6. Mother's Maiden Name, *Esther Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Marshall*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *or other Person who makes this Return.* *Sarah Hall*
- Address, *No 22 Stockhallim Street*
- Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 9th 1884

4. Place of Birth, (Street and Number) No 17 Lemon St

5. Full Name of Mother, Annie Upman

6. Mother's Maiden Name, Annie Rigold

7. Mother's Birthplace, Baltimore Co

8. Full Name of Father, John Upman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other Person who makes this Return E. Duncanson

Address, No 828 W Lombard St

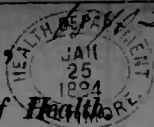
Remarks,

RECORDS OF THE REGISTRAR OF THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth Nov 9 1894
4. Place of Birth, (Street and Number) No 90 Green Mt Avenue
5. Full Name of Mother Lurisa Underfield
6. Mother's Maiden Name Lurisa Beaman
7. Mother's Birthplace Bald Co
8. Full Name of Father Harry Underfield
9. Father's Occupation carriage maker
10. Father's Birthplace Franklin Mass
- Name of Medical Attendant, or other Person who makes this Return. J H Underhill M.D.
- Address 25 Franklin St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth *1984*

4. Place of Birth (Street and Number) *329 Saratoga st*

5. Full Name of Mother *Annie Moore*

6. Mother's Maiden Name *Go*

7. Mother's Birthplace *Balto*

8. Full Name of Father *Leus Moore*

9. Father's Occupation *Confecturer*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *W. E. Eastman*

Address *314 g North*

Remarks *Natural*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the law requires, the name, sex, race, color, date, day, hour and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur during the month of January, the practitioner shall forward a copy of the certificate to the Board of Health, in the manner, and at the time, and to the place, which shall be determined by the Board of Health. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period herein required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *January 9*

4. Place of Birth, (Street and Number) *Howard St 188*

5. Full Name of Mother, *Margaret Young*

6. Mother's Maiden Name, *Good*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Hasey Young*

9. Father's Occupation, *Single*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *A Wilson*

Address, *Howard St 84*

Remarks, _____

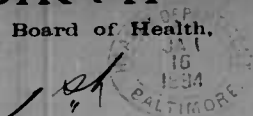


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

18708



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 9th 1894

4. Place of Birth, (Street and Number)

115 W Lombard Maternity

5. Full Name of Mother,

Lucinda Kelly

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

W J McIntosh Mgr

Name of Medical Attendant

or other Person who
makes this return

Address,

115 W Lombard

Remarks,

Illegitimate Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan'y 9, 1884

4. Place of Birth, (Street and Number)

24 Thomas St

5. Full Name of Mother,

Mary Sullivan

6. Mother's Maiden Name,

Mary Boeglin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leonard Sullivan

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Louisa Smith

Address,

the name of child Kate Sullivan

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

15770
16
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Aug 1884

4. Place of Birth, (Street and Number) 35 Thames St

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles F. Miller

9. Father's Occupation, Boarding house keeper

10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return Mrs. Louisa Smith

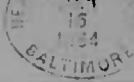
Address, The child name Bertha Louisa Miller

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 7th 1894*
4. Place of Birth, (Street and Number) *1299 E. Eager St.*
5. Full Name of Mother, *Deborah S. Schmitt*
6. Mother's Maiden Name, *Garthman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles S. Schmitt*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Schmitt*
- Address *1528 Deane Street*
- Remarks

has any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

1891? RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th;

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 9th

4. Place of Birth, (Street and Number).

340 Myrtle Av

5. Full Name of Mother,

Annie C. Cary

6. Mother's Maiden Name,

Annie C. McGlannan,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ab. P. Cary

9. Father's Occupation,

Carpenter, J. Carey, Dairy

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

J. G. Gindin

Address,

2 Cathedral St

Remarks,

card register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of ten births which have occurred under his or her care since the last time the schedule was filled out, and shall be filled out by the Registrar of Health, or by any name shall have been conferred, its sex, color, the full name and occupation of its parent, the day and place of its birth, and the said schedule shall be delivered, duly signed by the Registrar of Health, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the Registrar of Health shall be absent from his office, he shall designate some other person, who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

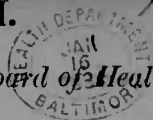


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Jan. 9th 84*
 4. Place of Birth, (Street and Number) *# 615 Heawner St.*
 5. Full Name of Mother, *Matilda Roedle*
 6. Mother's Maiden Name, *" Leistner*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Chas. Roedle*
 9. Father's Occupation, *Shoe-maker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mary Wood*
 Address, *# 328 J. Eutaw St.*
 Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January the 9 1884*
4. Place of Birth (Street and Number) *Chesler St No 119*
5. Full Name of Mother *Mary Hunt*
6. Mother's Maiden Name *Mary Jones*
7. Mother's Birthplace *Mathies Md*
8. Full Name of Father *Charles Hunt*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr E Ball*
- Address *No 171 South Chesler St*
- Remarks

and registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Committee of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the names of the mother and of any child born, the date and hour of birth, the sex, the race or color, the day and hour of delivery, the name of the practitioner, the day and hour of the first and third day of each and every month, to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician or practitioner, thereafter it shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Finnish race

3. Date of Birth, Jan 1st 1889

4. Place of Birth, (Street and Number) Harrison St 45

5. Full Name of Mother, Bertha Plummer

6. Mother's Maiden Name, " Harwig

7. Mother's Birthplace, Poland

8. Full Name of Father, Charles Plummer

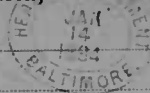
9. Father's Occupation, Sailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Volby

Address, 40 N. Calver St

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 9 1884

4. Place of Birth, (Street and Number)

Baltimore 138 Stirling St

5. Full Name of Mother,

Emma Taylor

6. Mother's Maiden Name,

Emma Taylor

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

Philip Newman

9. Father's Occupation,

Dray man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Taylor

Address,

136 Stirling St

Remarks,

Baltimore Md

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9 1884
4. Place of Birth, (Street and Number) 128 Randel st
5. Full Name of Mother, Anna Broscher
6. Mother's Maiden Name, Anna Batchlor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Broscher
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Catharine Shorning
- Address, 118 Byrd st
- Remarks,



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Jan 9th 1854

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or other Person who
makes this Return

ho
n
Theodore Cox
144 Harrison St.
New York City

THE B. MIT & CO. CITY PRINTERS AND STATIONERS

of each child of which birth and shall enter the same on a blank schedule to be furnished by the Committee on the subject of Births. This schedule shall contain a list of the births which may occur during the year of the birth, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and hour of its birth, the names of the attending physician and midwife, and the names of the witnesses, in the form of a certificate, between the first and third day of each and every month, to the health officer of the city, or to the health officer of any ward or district, or to a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the health officer, or of the physician, or of the practitioner of midwifery, to sign the certificate, and to forward it to the health officer of the city, or to the health officer of any ward or district, or to a physician, or of a practitioner of midwifery, as the case may be, within the period here required, except in the cases of the birth and death of a child, in which case the health officer, or the physician, or the practitioner of midwifery, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
 1. Sex, (state whether male or female) *Boys*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *10 January*
 4. Place of Birth, (Street and Number) *229 Schaefer Street*
 5. Full Name of Mother, *Crescenzia Keady*
 6. Mother's Maiden Name, *Heininger*
 7. Mother's Birthplace, *Schnee Bayern*
 8. Full Name of Father, *Chas. Keady*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Oppensbach*
 Name of Medical Attendant, or other Person who makes this Return *Lena Walker*
 Address, *237 E. Bager Street*
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. 68729
JAN 29 1894
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 10th 1884*
4. Place of Birth (Street and Number) *8 Pleasant St*
5. Full Name of Mother *Annin Gaffey*
6. Mother's Maiden Name *Annin Carroll*
7. Mother's Birthplace *Delaware*
8. Full Name of Father *John Gaffey*
9. Father's Occupation *Grass Moulder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. B. Heywoods M.D.*
- Address *171 N. Calvert St*
- Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which may occur in the city of Baltimore, and shall be filled out by the person in charge of the birth, and shall be returned to the Commissioner of Health. The schedule shall contain the following information: (1) The name of the child, (2) the sex of the child, (3) the date of the birth, (4) the place of the birth, (5) the name of the mother, (6) the name of the father, (7) the occupation of the father, (8) the name of the medical attendant, (9) the name of the person who makes the return, (10) the address of the person who makes the return, (11) the remarks. The schedule shall be filled out by the person in charge of the birth, and shall be returned to the Commissioner of Health. The schedule shall be kept by the Commissioner of Health, and shall be used for the purpose of compiling statistics of the births in the city of Baltimore. The schedule shall be filled out by the person in charge of the birth, and shall be returned to the Commissioner of Health. The schedule shall be kept by the Commissioner of Health, and shall be used for the purpose of compiling statistics of the births in the city of Baltimore. The schedule shall be filled out by the person in charge of the birth, and shall be returned to the Commissioner of Health. The schedule shall be kept by the Commissioner of Health, and shall be used for the purpose of compiling statistics of the births in the city of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

January 10

4. Place of Birth, (Street and Number)

Howard St 100

5. Full Name of Mother,

Louise Emles

6. Mother's Maiden Name,

Morgan

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Charles Emles

9. Father's Occupation,

single

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

A. Wilson

Address,

Howard St 84

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

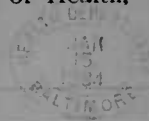
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

2nd
Male
White
Jan 10th 84
732 W Baltimore St
Rachel Snyder
Beideman
Snyder
Snyder
Car driver
H. Nelson M.D.
Baltimore

THE CITY OF BALTIMORE, to-wit: the Mayor, or other person in charge, who is an alien, natural or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 65725

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

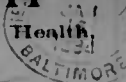


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 10, 1884
4. Place of Birth, (Street and Number) 799 W. Baltimore St.
5. Full Name of Mother, Almira Hays.
6. Mother's Maiden Name, Gilballe.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Edward Hays.
9. Father's Occupation, Boilermaker.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other Person who makes this Return O. Edw. Jarney M.D.
Address, 242 W. East Ave.
Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 twins this time

1. Sex, (state whether male or female)

both females

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th of January 1884

4. Place of Birth, (Street and Number)

Corner of Fremont St

5. Full Name of Mother,

Mary L Remmel

6. Mother's Maiden Name,

Mary L Chas.

7. Mother's Birthplace,

Mathsburg, Pa

8. Full Name of Father,

George Remmel

9. Father's Occupation,

cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

June E. Bayless

Address,

386 Gayford St

Remarks,

Free

HEALTH DEPT. BALTIMORE
JAN 17 1894

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Male

White

Jan. 10th 84

Fremont St. May 80

Katie (Wissauer) Wissauer

16 Meyer

Partizione di Winauer)

John (Weissenauer) Weissenauer

Tonic Beer Manufacturer

Baltimore

or other Person who
makes this Return

Mary. Hook

328 J. Esten Jr

Full name - Bernhardt William Hisonauer

[illegible]

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled up by the Registrar of Births, and shall be forwarded to the Commissioner of Health, and the said schedule shall be delivered, duly signed by the Registrar, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child occurs on the first day of a month, the Registrar shall report it to the Board of Health, and the parent or parents of such child to report to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children; and any person or persons who shall fail to comply with the provisions of this act, shall be deemed to be guilty of a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 10. 1884

4. Place of Birth, (Street and Number)

No. 350 Hanover St

5. Full Name of Mother,

Henrietta Brevington

6. Mother's Maiden Name,

Bergtold

7. Mother's Birthplace,

America

8. Full Name of Father,

Robert Brevington

9. Father's Occupation,

Clerk

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,

15/58

84-11015

5th Child

Female

Jan. 10th 1884.

No. 148 Johnson et al.

Helena Gutierrez

Newspaper

Germany

Robert Gutreide

Labaree

Germany

1. *A. Schugart* midwife

330 Bremer St.

of children, under whose charge or superintendence birth shall increase, take place, shall be the cause of the death of any child, or of the death of any parent or of the death of any person shall be liable to a fine of not less than ten dollars nor more than twenty dollars for each offense, to be recovered as other fines and penalties are recoverable in the courts of this city.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 of January 1884

4. Place of Birth, (Street and Number)

No 24 East Eager Street

5. Full Name of Mother,

Katie Tuchs

6. Mother's Maiden Name,

Katie Sumner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Adam Tuchs

9. Father's Occupation,

Barman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Lander

Address,

133 Maryland Ave

Remarks,

Baltimore Md

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of January

4. Place of Birth, (Street and Number) 34 Oregon St. or arlington st

5. Full Name of Mother, Irish T B Kraft

6. Mother's Maiden Name, Irish T B Lynch

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm C Kraft

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs J White monthly nurse

Address, 511 Varatoga street

Remarks, kyantria

BIRTH
Health Baltimore City
1884
BALTIMORE.

BIRTH
Health Baltimore City.

BIRTH
Health Baltimore City.

- BIRTH**
Health Baltimore City.

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BIRTH
Health Baltimore City.

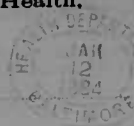
BIRTH
Health Baltimore City.

BIRTH
Health Baltimore City.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. Jan 10th 1884

4. Place of Birth, (Street and Number) No 127 Leadenhall St

5. Full Name of Mother, Catherine McCracken

6. Mother's Maiden Name, Catherine Longney

7. Mother's Birthplace, Balt city

8. Full Name of Father, James J. C. McCracken

9. Father's Occupation, Laborer night work

10. Father's Birthplace, Balt city

Name of Medical Attendant, E. Hinton

or other Person who makes this Return

Address, No 79 Randall Street

Remarks,

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2tes Kind
Mädchen

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

No. 202. S. Dallas St.

Hebammen



Each Registrar of a birth, and shall enter the same on a blank schedule to be furnished by the Registrar of the birth, and shall set forth, as far as the same may be ascertained, the name of the child, the date of its birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the Registrar, in the form of a birth certificate, to the parent or person in whose custody the child is placed, or to the Registrar of the birth of any child shall occur without the attendance of a medical attendant, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person or such child to return its birth to the Registrar of Health, in the manner, and at the time, and place, and under the conditions, and subject to the provisions, and subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Male

January 11/84
196 Eastern Ave
Emma Diegel
Miss
Baltimore
Friedrich Diegel
Undertaker
Baltimore
Mrs Louise Kraft
236 Canton Ave

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: Anna Marie Kelly
No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 3rd

1. Sex, (state whether male or female)

(male) Female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 12th 1884

4. Place of Birth, (Street and Number)

232 Calhoun St

5. Full Name of Mother

Mary (Mining) Kelley
et al

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

James Kelley
Fireman

9. Father's Occupation,

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who
makes this Return

Mr W. W. Warner M.D.

Address,

Cor. Strickland & Townsend St

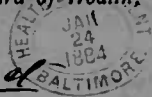
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

68741

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 11th 1884

4. Place of Birth (Street and Number)

7 Hopkins ave

5. Full Name of Mother

Sarah Sueringer

6. Mother's Maiden Name

Klinedinst

7. Mother's Birthplace

Balto Co Md

8. Full Name of Father

Eugene O. Sueringer

9. Father's Occupation

Clerk

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Jas. Gibbons M.D.

Address

47 Edmondson ave

Remarks

Baltimore City

extended register of such birth, and shall enter thereon the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been made of each child in the family, and shall be filled out by the mother, or, in the absence of the mother, by the father, or by any other person who shall hereafter be authorized by the Commissioner of Health. The schedule shall contain the name of each child at birth, the date of birth, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, after signed by the practitioner, in the form of a certificate, between the first and third day after the birth of the child, to the Commissioner of Health, or to his assistant, or to a practitioner of midwifery, or to a practitioner of physiotherapy, or to a practitioner of osteopathy, or to any other person to be designated by the parent or parents of such child to report its birth to the Board of Health. If the mother, or the father, or any other person to be designated by the parent or parents of such child to report its birth to the Board of Health, is a child, or is a minor, or is a person who shall hereafter be authorized by the Commissioner of Health, the said schedule shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

10. *Penicillium*

1949-1950

Figure 1

11-84

[Faint handwritten signature]

Francis James Allison

" 7 " Sound

1990

George H. Merrill

Dr. J. K. Cooper

5. *Guillemot*

2. Harvard Library

256. *Andropogon* 11

Remarks: _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

St. John
Munich



- Jan 11 - 84
H. 275. L. Ann. St.
" Alice. Hudson
" Brownell
" Baltimore
" Hon. W. C. Hudson
" Polkman
M^{rs}.

July 4 1906

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To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

h. Baltimore

- [illegible]

TH
DEPARTMENT
Baltimore City.
HE
11
1884
BALTIMORE.

Baltimore City
HEALTH DEPARTMENT
11
1884
BALTIMORE

3 *birth*

Male

white

Sept 27

Things laid down

Anna Zellmeria

Flora

Balth.

L. Zettelmeyer

putter

Balth.

or other Person who
makes this Return

Mrs. Munn

Remarks.

Remarks.

E. MITCHELL CITY PRINTER AND STATIONER.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10 barth

Mal Whi-

Sept 21

Chappel 67

fließ schmit

Francis

Butter ~~hair~~ in Beers

Jahn shni

Sabour

Business hours

Mr. Manner

or other Person who
makes this Return

Lawrence 5278

the parent or guardian of each child shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred and of each child who has died during the month, and shall be filed with the Commissioner of Health. The schedule shall be filed with the Commissioner of Health, and the said schedule shall be delivered, duly signed by the registrars, in the form of a certificate, to each of the first three days of each month, and of a physician, or of a practitioner of midwifery, or of a nurse, immediately thereafter. It shall then become the duty of the parent or persons of each child to report its birth to the District Registrar of Births, Deaths, and Marriages, and the said persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered by other persons who may bring an action therefor.



This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, the date of its birth, the sex, the race or color, the date of delivery, the name of the physician, and the name of the mother. It shall also contain a list of the deaths which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, the date of death, the age at death, the cause of death, the name of the physician, and the name of the mother. It shall also contain a list of the marriages which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each couple, the date of marriage, the name of the officiating minister, and the name of the witnesses. It shall also contain a list of the adoptions which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the date of adoption, the name of the adopting parent, and the name of the child. It shall also contain a list of the divorces which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each couple, the date of divorce, the name of the officiating minister, and the name of the witnesses. It shall also contain a list of the deaths of infants which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the date of death, the cause of death, the name of the physician, and the name of the mother. It shall also contain a list of the deaths of children which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the date of death, the cause of death, the name of the physician, and the name of the mother. It shall also contain a list of the deaths of adults which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each person, the date of death, the cause of death, the name of the physician, and the name of the mother. It shall also contain a list of the deaths of persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 11th 1884

4. Place of Birth, (Street and Number)

Baltimore Woodward St W. 34

5. Full Name of Mother,

Mary Corrick

6. Mother's Maiden Name,

Melly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Corrick

9. Father's Occupation,

Pipe Moulder

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o 58 Parkin St.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *A Female Child*
2. Race or Color, (if not of the white race) *of the Colored Race*
3. Date of Birth, *Born on the 11th January 1881*
4. Place of Birth, (Street and Number) *Birth Place 161 South Dallast St*
5. Full Name of Mother, *Ann Francis White*
6. Mother's Maiden Name, *Ann Francis Adams*
7. Mother's Birthplace, *Caroline County Md*
8. Full Name of Father, *Henry White*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Dorchester County Md*

Name of Medical Attendant, or other Person who makes this Return

Susan Morgan doct & Y. Chas. L. L. L.

Address,

Remarks,

Register of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if male, and the name of the mother, if female, and the date of birth, the day and place of its birth, and the sex, and the name of the physician, or of a practitioner of midwifery, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

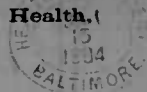
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11th January 1884*
4. Place of Birth, (Street and Number) *No 909 Light St*
5. Full Name of Mother, *Est. Kaufman*
6. Mother's Maiden Name, *Est. Gaster*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Kaufman*
9. Father's Occupation, *Subcon*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Salwa Lushko*
- Address, *No 101 West St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June the 11 1884

4. Place of Birth, (Street and Number) No 2 South St

5. Full Name of Mother,

6. Mother's Maiden Name, Priscilla Thomson

7. Mother's Birthplace, Charles Co.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Charlotte Harris

Address, 254 Rutledge St

Remarks, Bone

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the sex, color, the full name and occupation of the parents, the day and place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a true and correct copy of the original, to the Board of Health, in case the practitioner is a midwife, or to the Board of Health, in case the practitioner is a physician, at the expiration of the month of midwifery, or at the expiration of the month of the birth of the child, in case the practitioner is a physician, in the manner, and within the period now required, except in the cases of the births and deaths of illegitimate children, and in such cases the practitioner shall comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, or to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 11th 1884

4. Place of Birth, (Street and Number)

Baltimore Parkin st. 11th 125

5. Full Name of Mother

Lusen Taylor

6. Mother's Maiden Name

Reddick

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Taylor

9. Father's Occupation

Flag man

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

11th 5th 8 Parkin st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

21

1. Sex, (state whether male or female)

F.

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

11th Jan'y 1934

4. Place of Birth, (Street and Number)

Eng. St. Near Ori. Store

5. Full Name of Mother,

M. J. Harrison

6. Mother's Maiden Name,

M. J. Savage

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

H. K. Harrison

9. Father's Occupation,

Machinist

10. Father's Birthplace,

City Balt.

Name of Medical Attendant, or other Person who makes this Return

J. R. Robinson M.D.

Address,

25th General St.

Remarks,

This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at birth, with its sex, color, the full name and occupation of its parents, the day and month of its birth, the name of the physician, or of the practitioner of midwifery, or of any other person be it at evidence upon the mother, immediately there after, it shall then become the duty of the parent or person to be recorded to have the child entered in the manner, and within the time, and under the penalty, provided in the act, and the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*

1. Sex, (state whether male or female) *Little Girl*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *11. January. 1884.*

4. Place of Birth, (Street and Number) *Baltimore Brown Street 1111*

5. Full Name of Mother, *Mrs. Cooke*

6. Mother's Maiden Name, *Miss Christina James*

7. Mother's Birthplace, *Wertenberg, Germany*

8. Full Name of Father, *Mr. Edward Cooke*

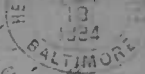
9. Father's Occupation, *Carpenter by Trade*

10. Father's Birthplace, *Thurnen, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Kniller*

Address, *1017 West Pratt st city*

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 11 - 1884*

4. Place of Birth, (Street and Number) *No 51 Cross Street*

5. Full Name of Mother, *Georgianna Hoffman*

6. Mother's Maiden Name, *Georgianna Marvel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Hoffman*

9. Father's Occupation, *Waterman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Anderson*

Address, ... *No 10 Alys Street*

Remarks,

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th Jan

4. Place of Birth, (Street and Number)

199 Clifton Place

5. Full Name of Mother,

Barbara Lucretia Martin

6. Mother's Maiden Name,

Bloom

7. Mother's Birthplace,

Carroll County, Ind.

8. Full Name of Father,

Edward Franklin Martin

9. Father's Occupation,

Rail Road Watchman

10. Father's Birthplace,

Balto Co

Name of Medical Attendant,

or other Person who makes this Return

Mrs Sarah Menden

Address,

120 Greenmount Ave

Remarks,

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

S. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

ho
1 *F. Schwaesser midwife*

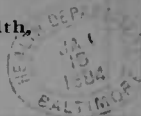
Address.

Remarks.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



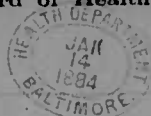
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four (4)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Col'd*
3. Date of Birth, *January 11th / 84*
4. Place of Birth, (Street and Number) *Dallas St. bet. Bank St. & Eastern Ave.*
5. Full Name of Mother, *America R. Hill*
6. Mother's Maiden Name, *Nichols*
7. Mother's Birthplace, *Bristol England*
8. Full Name of Father, *George B Hill*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *Richmond Va.*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Seaton*
- Address, *111 S. Dallas St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 11th 1884

4. Place of Birth, (Street and Number)

Baltimore Charles " 206

5. Full Name of Mother.

Amelia Jones

6. Mother's Maiden Name.

Reed

7. Mother's Birthplace,

Dorchester County

8. Full Name of Father,

Thomas Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Dorchester County

Name of Medical Attendant,

or other Person who makes this Return

Dr. Elizabeth Scarborough

Address,

No. 220 Montgomery St. Balt.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Jan'y 11, 1884
4. Place of Birth (Street and Number) Fredrick Ave. Williams or
5. Full Name of Mother Louise O. Passafium
6. Mother's Maiden Name Louise O'Neil
7. Mother's Birthplace New York
8. Full Name of Father Charles O. Passafium
9. Father's Occupation Druggist
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. James Booley
- Address 319 Hollins St.
- Remarks

exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the month, and shall set forth, as far as the same can be ascertained, the name of each child, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or in case of a stillbirth, the father or mother, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 11, 1884*

4. Place of Birth, (Street and Number) *E. Lagarde St. No. 161*

5. Full Name of Mother, *Elisabetha Mühler*

6. Mother's Maiden Name, *Elisabetha Linder*

7. Mother's Birthplace, *Laggreen, Bald^o County*

8. Full Name of Father, *Herman Mühler*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Werdhausen N. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *116 Dallas St. No. 26*

Remarks, _____



advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

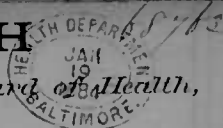
- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4^{tes} Kind*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 11^{ten} Januar*
4. Place of Birth, (Street and Number) *N^o 297. Alexander Str*
5. Full Name of Mother, *Mary Mindes*
6. Mother's Maiden Name, *Mary Simpson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Mindes*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 202. S. Dollar Str*
- Remarks, *Hebamme*



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 14 1873*
4. Place of Birth, (Street and Number) *381 Hopkins St.*
5. Full Name of Mother, *Sally O'Donnell*
6. Mother's Maiden Name, *Sally Shuler*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William O'Donnell*
9. Father's Occupation, *Chief Engineer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who make this Return. *Dr. A. C. Hall*
- Address, *1155 Montgomery St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

65764
RECEIVED
1084
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

January 12, 84
S. Hoelste No 57
Margaretha Mary
Bauer
Bavaria
Andrew Mary
Labner
Bavaria

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mary Joh. Kaubach
S. Hoelste No 14

TH
 6/5/66
 Baltimore City.
 1004
 BALTIMORE

1004
BALTIMORE

— 7th

Mac

January 12th 1884

12 S' S Band ok

salina ukeli-offskii

Caralia yulioffski

" *Siemiatoska*

Burnian

Geinlaus Meli-offti

Trilob

Bremer

or other Person who
makes this Return

Mrs Elizabeth Betz

128 Bank St.

D. TIME & COSTS OF TRAVEL AND STATIONING

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan'y 12th 1884
4. Place of Birth, (Street and Number) 177 Hughes St.
5. Full Name of Mother Augusta E. Lewis
6. Mother's Maiden Name Richardson
7. Mother's Birthplace Va
8. Full Name of Father Ralph Lewis
9. Father's Occupation Mariner
10. Father's Birthplace Philadelphia Pa
- Name of Medical Attendant, or other Person who makes this Return. R. Co. L. 22
- Address Hammon St.
- Remarks

each register of such births, and shall enter the name of a blank schedule to be furnished by the Committee on the part of the Registrar. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of the mother, in the form of a place of its birth, in the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance when the mother, or person acting in her stead, delivered the child, the Registrar shall enter in the schedule above required, except in the case of the birth of illegitimate children, and any person of persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 12th 1881

4. Place of Birth, (Street and Number)

13 Sth Chester St.

5. Full Name of Mother,

Lizzie Schmidt

6. Mother's Maiden Name,

Quetz

7. Mother's Birthplace,

City

8. Full Name of Father,

George Schmidt

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bx

Address,

128 Bank St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan'y 12th 1884
4. Place of Birth, (Street and Number) 249 Sharp St
5. Full Name of Mother Amelia Gimpel
6. Mother's Maiden Name Ebert
7. Mother's Birthplace Balto. City
8. Full Name of Father H. Wm Gimpel
9. Father's Occupation Piano Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Harmon St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

68771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth *Aug. 12th 1884*

4. Place of Birth (Street and Number) *111 S. High St*

5. Full Name of Mother *Sarah A. Pannier*

6. Mother's Maiden Name *Sarah A. Harper*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George A. Pannier*

9. Father's Occupation *Coker*

10. Father's Birthplace *Germany*

Name of Medical Attendant,

or other Person who makes this Return.

Address *171 N. Calvert St*

Remarks

Geo. B. Reynolds M.D.

of Health, this certificate shall remain in force until the birth of the next child, and shall not be renewed until the birth of the next child. If the child is born at a place of its birth, and the said certificate shall be delivered, this statement, in the form of a certificate, shall be given to the mother, and a copy of the same shall be given to the health officer. If the child is born at a place other than the place of its birth, the health officer shall immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalty, provided in the laws of this State, and the health officer shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

January 12, 1884

3) Pot Alley

Mary Hartsock

Baumshauer

Baltimore

John Hartsock

Labors

Baltimore

Mrs. Louise Kraft

286 Canton Ave



exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), the date of birth, the sex, the race or color, the weight, the length, the certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance, the name of such person shall be entered on the schedule, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered in other times and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 12, 1884

4. Place of Birth, (Street and Number)

Baltimore City Canton St 277

5. Full Name of Mother,

Maggie West

6. Mother's Maiden Name,

" " Kirby

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Edmund West

9. Father's Occupation,

Black

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wiley

Address,

No 12 Patterson Park av

Remarks,

to be filled in, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall cause the same to be filled in with the following particulars: the date, hour, day and month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parent, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, or to the Registrar of Vital Statistics, or to the Board of Health, or to the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and to the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

January 12th 84

154 Madison St

Mrs. William C. Stutz

Gettysburg

Baltimore

William C. Stutz

Cigar maker

Baltimore

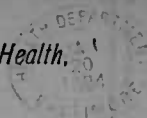
Mrs. Wiley

12 Patterson Park av

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 12th

4. Place of Birth (Street and Number)

N^o 4 Elbow Lane

5. Full Name of Mother

Lillie J. Burley

6. Mother's Maiden Name

Lillie J. Nicholls

7. Mother's Birthplace

Washington

8. Full Name of Father

Benjamin Burley Jr.

9. Father's Occupation

Packer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Jane Baker

Address

N^o 66 Cedar Alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 L.

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan 7. 1884

4. Place of Birth, (Street and Number) No 75 S. Fremont

5. Full Name of Mother, Rhea Gayen

6. Mother's Maiden Name, Haermen

7. Mother's Birthplace, Balt.

8. Full Name of Father, Chas. Gayen

9. Father's Occupation, Merchant Tailor

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes the Return C. W. Neff

Address 300 N. Fayette St.

Remarks.

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18977

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *M.*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Jan 8. 1884*

4. Place of Birth, (Street and Number) *No. 140 Vine st*

5. Full Name of Mother, *Mary E. Seibert*

6. Mother's Maiden Name, *Hecht*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Charles Seibert*

9. Father's Occupation, *Mechanic*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return *C. M. Neff*

Address *306 N. Fayette St*

Remarks *Prolapsus of cord with live baby living.*

This schedule shall contain a list of the births which have occurred during this month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the date of its registration. It shall be the duty of the Registrar to cause the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and at the time, and place, as may be determined by the Board of Health, and any person or persons who shall offend or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan. 12th*

4. Place of Birth, (Street and Number) *Rewes Alley, No. 7.*

5. Full Name of Mother, *Joanna Sampson,*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Dorchester Co.*

8. Full Name of Father, *Tharison. Thoplkins*

9. Father's Occupation, *farmer*

10. Father's Birthplace, *Talbot Co.*

Name of Medical Attendant, or other Person who makes this Return *Sarah peckleton*

Address, *120 Tyson St.*

Remarks,

This certificate shall contain a list of the births which have occurred under his or her care during the year, and shall be signed by the Registrar of Health, and the name of the Registrar of Health shall be printed in the margin of the certificate. The certificate shall be signed by the Registrar of Health, and the name of the Registrar of Health shall be printed in the margin of the certificate. The certificate shall be signed by the Registrar of Health, and the name of the Registrar of Health shall be printed in the margin of the certificate.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

12 Jan. 1884

4. Place of Birth. (Street and Number)

Balto north st no 79

5. Full Name of Mother.

M. Fehle

6. Mother's Maiden Name.

7. Mother's Birthplace.

Germany

8. Full Name of Father.

George Fehle

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Koplich

Address,

69 N. Washington st

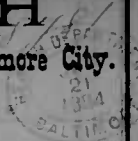
Remarks,

Mary Koplich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
 Name of Medical Attendant, or other Person who makes this Return
 Address,
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 Jan 1884

4. Place of Birth, (Street and Number)

Bal. Bacon and Eager 59

5. Full Name of Mother,

Adelina Jurcik

6. Mother's Maiden Name,

A. Selenska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

J. Jurcik

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Kopisch

Address,

59 N Washington St

Remarks,

Mary Kopisch

[illegible]

Baltimore City

4

Girl

White

12 Jan 1889

Baths S. Bond st 250

B. Shafers.

A. Bombek

Bohemia

Gas. Bomblute

Parlor

Bohemia

or other Person who
makes this Return

Mary Oastish

Mary Olszinski

CHECK register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of the Department of Health, which shall be so filled out as to show the date, time, place, sex, color, the full name and occupation of its parents, the day and hour of its birth, and the said schedule shall be delivered to the Commissioner of the Department of Health, within the month following the birth of such child, and the said schedule shall be retained by the Commissioner of the Department of Health, and shall be subject to the inspection of any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12 of January*

4. Place of Birth, (Street and Number) *62 Essex St (Canton)*

5. Full Name of Mother, *Elise Bäcker*

6. Mother's Maiden Name, *Brehm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Bäcker*

9. Father's Occupation, *Hammacker*

10. Father's Birthplace, *Lichfen Weiningen Germ*

Name of Medical Attendant, or other Person who makes this Return *G. Behnken*

Address, *54 Essex St.*

Remarks,

[illegible]

HEALING BY THE LAY
JAN 25 1894
BALTIMORE

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Mr. J. L. Holland et

Alfred E. Edwards, General

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Henry Conrad

• *W. icarus*

11.11.1919

10/10/1914

122 101 Grandy St.

RECEIVED

of Health. This certificate shall contain a list of the births which have occurred under its jurisdiction during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name be given; the sex, color, the full name and occupation of his parents, the day and hour of the birth, the name of the person attending the birth, and the name of the person who shall certify, between the first and third day of each and every month, to the Board of Health, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, or in an instance when the mother immediately thereafter, it shall then become the duty of the person attending the birth, to certify the birth, and to sign the certificate, and to deliver the same to the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, or of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 12th 1884

4. Place of Birth, (Street and Number)

Baltimore Ramsey st N^o 130

5. Full Name of Mother,

Mary Fleming

6. Mother's Maiden Name,

Hogan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Fleming

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. L. Mitchell

Address,

N^o 58 Parkin st.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
JAN 15 1884
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 12th 1884*

4. Place of Birth (Street and Number) *No. 172. Mount St.*

5. Full Name of Mother *Caroline B. Worthington*

6. Mother's Maiden Name *Caroline B. Oggle*

7. Mother's Birthplace *Prine Geo Co. Md.*

8. Full Name of Father *Thomas Hall Worthington*

9. Father's Occupation *Employed by R.R. Co.*

10. Father's Birthplace *Howard Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Geo. C. Oggle, M.D.*

Address *229 or Carey St.*

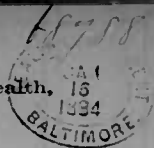
Remarks

Write in ink, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Female

White

Dec 12th 1894

1118 E. Congress St

Rosa Galibey

Do

Baltimore Md

Charles S. D. D. D.

Police

Baltimore Md

Dr. H. H. H. H.

1118 E. Congress St

exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall refer to each as far as the same can be ascertained, the full name of each child, of its sex, race or color, date of birth, place of birth, and the date of its registration. In case the child is born in a hospital, the date of its birth, and the date of its registration, shall be entered on the schedule, between the first and third day of each and every month, or of a practitioner of medicine or surgery, or of any other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th January 1884
4. Place of Birth, (Street and Number) No 145 W. Williams St
5. Full Name of Mother, Lizzie Bopp
6. Mother's Maiden Name, Lizzie Meltonburg
7. Mother's Birthplace, Green
8. Full Name of Father, Leopold Bopp
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, William C. Cuckler
- Address, No 105 West St
- Remarks,

1891

HEALTH, BALTIMORE
Jail
16
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BALTIMORE

3

Okali.

Handwritten signature

12 of January 1884

Co No 128 West St

China Harper

to Henry Martin

Baltimore

34. 10. 1904

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DEET & CO., CITY PRINTERS AND STATIONERS.

GREAT REGISTRAR OF SUCH BIRTH, AND SHALL ENTER THE SAME ON A BLANK SCHEDULE TO BE FURNISHED BY THE COMMISSIONer of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the facts can be ascertained, the following particulars: the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, and in case the birth of any child shall occur without the attendance of a physician, the practitioner shall, nevertheless, forward the certificate to the Board of Health, and it shall then become the duty of the board or parents of such child to report its birth in the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

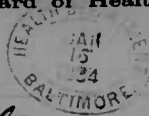
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *12 January 1887*
4. Place of Birth. (Street and Number) *57 N. Central St.*
5. Full Name of Mother. *Catherine Guinther*
6. Mother's Maiden Name. *Hess.*
7. Mother's Birthplace. *Baltimore Md.*
8. Full Name of Father. *Fredrick Guinther*
9. Father's Occupation. *Carpenter*
10. Father's Birthplace. *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. C. Harley*
- Address. *44 N. Eden St.*
- Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 12th / 84

4. Place of Birth, (Street and Number)

No 318, Pratt St.

5. Full Name of Mother,

Mary A. Henahan

6. Mother's Maiden Name,

Mary A. Brown

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Peter J. Henahan

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Humming.

Address,

93 Abbeville St

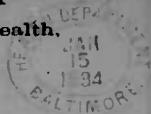
Remarks,

(City)

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7 male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

July 12 1884

4. Place of Birth, (Street and Number)

112 Chestnut City

5. Full Name of Mother.

Fitzy Barrow

6. Mother's Maiden Name,

Blair Crumpton

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

Wm. Brown

9. Father's Occupation,

driver

10. Father's Birthplace,

Clatsop Oregon

Name of Medical Attendant, or other Person who makes this Return

258 Calvary St

Address,

258 Calvary St

Remarks,

none

TH
Baltimore City.

21201

26

Female

White

12th January 1881

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Anna Heilwig

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Ms. M. E. Hurley

74. A. E. den...

Remarks.

B. FLETCHER, CITY PRINTER AND STATIONERY.

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Principal

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1894

340, Eastern Avenue

Bridge-Corner

Bridge-London

Ireland

John Corney

Labrier

Preliminary

Mr. E. Gray

No 193. *Colletes* *...*

Remarks.



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Jan. 12th 1884

Baltimore Ridgely N^o. 60

Mary NewsShaw

Willhardt

Baltimore

August. New Shaw

Legar. - Maker

Baltimore

Mrs. G. Mitchell

N^c 58 Parkin st.

Jan 18 1900

1000

PUT A CO., CITY PRINTERS AND STATIONERS.

BIRTH
Baltimore City.
1894
BALTIMORE.

Baltimore City.
1894
BALTIMORE.

4th

~~Male Female~~

White

Law. 12th 84

345 Sharp G.

Augusta Newman

" Seebold.

Baltimore

Aug. Kremen

Machinist

Hamburg. Given

Mary Birch

328 J! Entero 8

Remarks, _____

MEY & CO., CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 18795

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 12th 1884

4. Place of Birth, (Street and Number) Hamburg St No 100

5. Full Name of Mother, Lettie Ruppel

6. Mother's Maiden Name, Lettie Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Ruppel

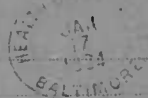
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No 10 Abys Street

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Jan 12th 1884*

4. Place of Birth, (Street and Number) *No 74 Burgundy Alley*

5. Full Name of Mother, *Meriah Landman*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *William Landman*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other Person who makes this Return

Deborah Thomas

Address, *71 Burgundy Alley*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th 1884*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 12th 1884 6 P.M.*

4. Place of Birth (Street and Number) *Bond st 251*

5. Full Name of Mother *Elle Bacon*

6. Mother's Maiden Name *Elle Stoumt*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William M. Bacon*

9. Father's Occupation *Railroad Conductor*

10. Father's Birthplace *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Julia Groom*

Address *466 N. Gay St. Balto*

Remarks

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, 12 January
 4. Place of Birth, (Street and Number) 38 Bank Street
 5. Full Name of Mother, Katie Cook
 6. Mother's Maiden Name, Long
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Simon Cook
 9. Father's Occupation, Wagon driver
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return Sarah Casper
 Address, 12 E. Lombard Street
 Remarks.

Every person who shall deliver a child, or who shall cause the same to be delivered, shall be furnished by the Commis-
 sioner of Health, with a certificate, which shall contain a list of the births which have occurred under his or her care
 during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its
 sex, color, the full name and occupation of its parents, the day and month of its birth, the name of the
 physician, or of a practitioner of midwifery, or
 of any other person who shall have attended the
 birth of any child shall incur without the attendance of a physician, or of a practitioner of midwifery, or
 of any other person who shall have attended the birth of any child, a fine of ten dollars, and shall be liable
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 12 - 1884

4. Place of Birth, (Street and Number)

No. 16 Marshall av.

5. Full Name of Mother,

Mary Schmitt

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

America

8. Full Name of Father,

John Schmitt

9. Father's Occupation,

Butcher

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schwaesser midwife

Address,

330 Hanover st.

Remarks,

Exact register of each birth, and shall enter the name on a blank space, to be furnished by the Registrar, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full schedule of the child, as required by law, in this State, and in the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Registrar, and to sign a statement of the duty of the parent or parents of such child to report the same to the Registrar, and to sign a statement of the duty of the parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 1st - 1884

4. Place of Birth, (Street and Number)

No 367, S Charles st.

5. Full Name of Mother,

Mary Bode

6. Mother's Maiden Name,

Baucker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Bode

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer M.D.

Address,

390 Hanover st.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th January 1884

4. Place of Birth, (Street and Number)

5134 Quigworth Street

5. Full Name of Mother,

Katie Ditsch

6. Mother's Maiden Name,

Katie Ditsch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Joseph Ditsch

9. Father's Occupation,

Sculptor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Christina Lauer

Address,

173 Stanford Ave

Remarks,

Baltimore Md

1884

GERALD Registrar of such birth, and shall enter the same on a blank schedule to be furnished by the Commis-
 sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care
 during the year, and shall be filled out by the Registrar, and shall be signed by the Registrar, and shall be
 any name shall have been conferred, in sex, color, the full name and occupation of its parents, the day and
 place of its birth, and the said schedule shall be delivered, duly signed, by the Registrar, in the form of a
 certificate, between the first and third day of each and every month, to the Board of Health. If, even the
 day of the birth of a child, the Registrar shall be absent from his office, he shall cause the said schedule
 should no other person be in attendance upon the mother, immediately thereafter, it shall then become the
 duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and
 within the period above required, except in the cases of the birth, and deaths of illegitimate children, and
 any person who fails to do so, shall be liable to a fine of not less than five dollars, and not more than
 to a fine of not less than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

BALTIMORE

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 12th 1884

4. Place of Birth, (Street and Number)

No. 176 West St.

5. Full Name of Mother,

Selma Schwartzrock

6. Mother's Maiden Name,

Maier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Schwartzrock

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. Schwabacher midwife

Address,

330 Hunner St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the tenth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 12th*
4. Place of Birth, (Street and Number) *12 S Frederick*
5. Full Name of Mother, *Caroline Gueth*
6. Mother's Maiden Name, *C Stueuth*
7. Mother's Birthplace, *Lautebach Germania*
8. Full Name of Father, *Henry Gueth*
9. Father's Occupation, *Saloon keeper*
10. Father's Birthplace, *Alfeld Germania*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Männel*
- Address, *228 Saratoga*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 65107*
- 15
1884
BALTIMORE*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One (1st)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Col'd*
3. Date of Birth, *January 13th / 84*
4. Place of Birth, (Street and Number) *184 S Bethel Street*
5. Full Name of Mother, *Addie Neal*
6. Mother's Maiden Name, *Thompson*
7. Mother's Birthplace, *Norfolk Virginia*
8. Full Name of Father, *John A Neal*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Lorisa Eaton*
- Address, *111 S. Dallas St*
- Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT
JAN 14 1954
BALTIMORE

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 12th 1854
4. Place of Birth, (Street and Number) Seabury St No 177
5. Full Name of Mother, Mary Whiting
6. Mother's Maiden Name, h. Harding
7. Mother's Birthplace, Braunshweig
8. Full Name of Father, Jedediah Whiting
9. Father's Occupation, School
10. Father's Birthplace, Braunshweig Germany

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

- Remarks.

that the cause of any such disease, if a greater take can be kept a true and exact register of such birth, and that other the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, in the case of each birth, the name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner is unable to attend upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases in which the physicians of this section shall be subject to a fine of ten dollars for each case, to be recovered after fines and penalties are ascertained.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January the 12, 1884

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother:*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father;*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, 112

Address. •

Remarks,

or other Person who
makes this Return?

Mary E. Müller

No. 26

Küller

100

Each case of a birth, or of a marriage, shall be entered in the register, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall correspond to, and set forth, the full name and occupation of its parents, the day and place of its birth, and the date of its death, if it should die within the month, and the date of its burial, if it should be buried within the month. The said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, in order that it may be placed in the files of the Board of Health, and that it may be made available to the public. No physician or other person, be it stipulated upon the mother, immediately thereafter if that then becomes the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, shall be held responsible for any failure to do so, but he or she shall, nevertheless, be held responsible for any failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each case, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 12th / 84

4. Place of Birth, (Street and Number) No 47 Granby St.

5. Full Name of Mother, Margarette C. Corner

6. Mother's Maiden Name, Margarette Corner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Saml C. Corner

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Joseph A. Simon

Address,

No 40 Granby St.

Remarks,

and required to send birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a lot of the birth which have occurred in the city, and the name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the first and third day of each and every month to the first of January following the certificate, between the first and third day of each and every month to the first of January following the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of those who are exempted from the duty of reporting, and any person who fails to comply with the provisions of this act, shall be liable to a fine of ten dollars, subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Kind*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *geboren den 12. Januar.*
 4. Place of Birth, (Street and Number) *N^o 197. Orleans Str*
 5. Full Name of Mother, *Mary Sea*
 6. Mother's Maiden Name, *Mary Lichner*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Georg Sea*
 9. Father's Occupation, *Handarbeiter*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
 Address, *N^o 202. S. Dallas Str*
 Remarks, *Hebamme*



TH FEB 1964
Baltimore City

[illegible]

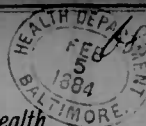
Remarks.

O. F. C. B. G. P. S. N. 14

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether *Male* or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth *Jan. 13th 1884.*
4. Place of Birth (Street and Number) *Cor Cathedral & Monument St.*
5. Full Name of Mother *Eugenia Whyte*
6. Mother's Maiden Name *Eugenia Gilles*
7. Mother's Birthplace *Chi.*
8. Full Name of Father *Joseph Whyte.*
9. Father's Occupation *Lawyer.*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Sh. W. Beach, M.D.*
- Address *128 Park av.*
- Remarks *Labor tedious & Forceps used.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White.

3. Date of Birth.

Jan'y 13, 1884.

4. Place of Birth, (Street and Number)

246 E. Pratt St.

5. Full Name of Mother.

R. Clementina Fountain

6. Mother's Maiden Name.

" " "

7. Mother's Birthplace.

Maryland

8. Full Name of Father.

Jno. R. Fountain

9. Father's Occupation.

Carpenter.

10. Father's Birthplace.

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

George A. Rohrer

Address.

95 Park Ave.

Remarks.

exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filled out by the physician, midwife, or other person who has attended the birth, and shall be returned to the Commissioner of Health, and shall be filed in the office of the Registrar of Vital Statistics. The name of the child, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to each and every county in the State of Health, in case the child is born in that county, and to the Registrar of Health, in case the child is born in the City of Baltimore. The said certificate should be delivered to the Registrar of Health, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner, and within the period above required, and to pay to him the fee of one dollar for each child, and to pay to him the fee of one dollar for each offense, to be recovered as other fines and penalties are recoverable, to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 13th 1884.*

4. Place of Birth, (Street and Number) *18 Falls road near Boundary Ave.*

5. Full Name of Mother, *Louise Becker*

6. Mother's Maiden Name, *Louise Sturgeon*

7. Mother's Birthplace, *Balt. Ind.*

8. Full Name of Father, *John V. Becker*

9. Father's Occupation, *Chapman*

10. Father's Birthplace, *Balt. Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *Herold Hillegeist*

Address, *182 E Monument Street*

Remarks,

cases register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of his or her sex, race or color, date of birth, and the name of the person or persons who shall be subject to a fine of ten dollars for each offence, in being recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 12th 1884*
4. Place of Birth, (Street and Number) *241 N. Bond St.*
5. Full Name of Mother, *Huggie Heinsel*
6. Mother's Maiden Name, *May*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Conrad Heinsel*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *M. E. Bull*
- Address, *185 S.E. Co. Condit av. & Monument 31*
- Remarks, *All Well*



RETURN OF A BIRTH

18818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

RECEIVED
FEB
2
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

3. Date of Birth,

13th January 1884

4. Place of Birth, (Street and Number)

324 N. Lawale st

5. Full Name of Mother,

Virginia Jones

6. Mother's Maiden Name,

Lander

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James E Jones

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

J W. Webster

Address,

Remarks,

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Physician, midwife, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68819

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th & 10th

1. Sex, (state whether male or female)

Male and Female (Twins)

2. Race or Color, (if not of the white race)

3. Date of Birth,

13th January 1884

4. Place of Birth, (Street and Number)

240 Hanover

5. Full Name of Mother,

Aggie Tapman

6. Mother's Maiden Name,

Mason

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry Y. Tapman

9. Father's Occupation,

Lawyer

10. Father's Birthplace:

Balt.

Name of Medical Attendant,

or other Person who
makes this Return

St. W. Webster

Address,

577 Murray

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

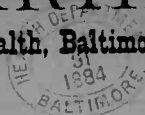
Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

P. FINE & CO., CITY PRINTERS AND STATIONERS.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 13 1884
137 S. Ches St
Mar Rhodes
Ellitt

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Balto
John Rhodes
Mine Worker

9. Father's Occupation

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr A Lewis
162 Hanover St

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1883

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 13/04

4. Place of Birth, (Street and Number)

62 Hillman St

5. Full Name of Mother

Elizabet - Campbell

6. Mother's Maiden Name

Turner

7. Mother's Birthplace

Ireland

8. Full Name of Father

William W. Campbell

9. Father's Occupation

Farmer

10. Father's Birthplace

Ohio

Name of Medical Attendant, or other Person who makes this Return.

Edmund P. McDevitt

Address

54 Wigsell St

Remarks

758211

timore City

Female

Female

Passmore

S. Chester Str

Lizbeth Spindler

Gleibmann

Baltimore

George Spinalis

Carpenter

Baltimore

Waltham
Mass. U.S.A.

23rd Canton

236 Canton St.

[illegible]

ORDER REGISTRAR OF SUCH BIRTH, and shall enter the same on a blank schedule to be provided by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if known, the date of its birth, the place of its birth, and the full name and occupation of its parents, the day and hour of its birth, and the name of the physician, or of a practitioner of midwifery, or of a nurse, or of a person who attended the birth, in the manner, and within the period above required, except in the cases of the births and times of the births, and of the names of the persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W. C.*

3. Date of Birth, *12th January 1884*

4. Place of Birth, (Street and Number) *No. 25 E. Elizabeth, Lane*

5. Full Name of Mother, *Lizzie Lane*

6. Mother's Maiden Name, *Lizzie M. G. G. G.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William H. G. G.*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. Wm. H. G. G.*

Address, *No. 128 N. 2nd St.*

Remarks,

34
BALTIMORE

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 June 1884*

4. Place of Birth, (Street and Number) *35-12 5th St*

5. Full Name of Mother, *Mary McCosker*

6. Mother's Maiden Name, *Mary Morris*

7. Mother's Birthplace, *Ballo Mt*

8. Full Name of Father, *Michael McCosker*

9. Father's Occupation, *Seamst Hand dealer*

10. Father's Birthplace, *Ballo Mt*

Name of Medical Attendant, *Mrs R Ulbig*
or other Person who makes this Return

Address, *18 Hollis St*

Remarks, *Ballo Mt*

7/3 d

11

1

Girl

M. lutea

13 Jan 1884

Balt. Durham st No 367

Mary Urban

.....

Bohemia

Gas. Norman

Taylor

Bohemia

May Robison

69 N Washington St

May 20 1882

P. HUNT & CO., CITY PRINTERS AND STATIONERS.

exact register of such births, and shall enter the same on a blank schedule to be furnished to him by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, race or color, date of birth, and the name of the person who made the return. The day and month of birth shall be ascertained from the certificate, between the first and third day of each and every month, in the case of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, the day and month of birth shall be ascertained from the best of the knowledge of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Jan. 1884

4. Place of Birth, (Street and Number) Balto Caroline st No 262

5. Full Name of Mother, O. Mosta

6. Mother's Maiden Name, O. Prokesh

7. Mother's Birthplace, Maravia

8. Full Name of Father, Ignas. Prokesh

9. Father's Occupation, Labour

10. Father's Birthplace, Maravia

Name of Medical Attendant, or other Person who makes this Return Mary Kopish

Address, 69 N. Washington st

Remarks, Mary Kopish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Male

White

Jan - 13 - 1884

29 - Arlington Ave

Jessie Stale

Jessie Green -

Balto - County

10 - St. St. St.

Moulder -

Baltimore City

Dr. Phillips

311 - Lombard St

Rain of heating boys and getting
along nicely -

exact register of each birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of the Health Department, and shall not forth, as far as the same can be ascertained, the full name of each child, its sex, color, the day and hour of its birth, the name and occupation of its parents, the day and place of its birth, the name of the physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so named to sign and file the said schedule in the manner and within the period above required, except in the case of the birth and death of a child, in which case the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

Jan. 13th 1884.

1883
13
34
BALTIMORE

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan. 13th 1884.

4. Place of Birth, (Street and Number) 174 Washington St.

5. Full Name of Mother, Leticia Mackert.

6. Mother's Maiden Name, Leticia Becker.

7. Mother's Birthplace, America.

8. Full Name of Father, Henry Mackert.

9. Father's Occupation, Printer.


10. Father's Birthplace, America.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary Amend

Address, No. 187 S. Wolfe St.

Remarks, 

of any person or persons who shall deliver a child shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, the date of its birth, the place of its birth, and the date of its death, if it should die within the month. The schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, in its recovery as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jan. 15th 1884.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Female. Gontilla E. Rose
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan 13th 1884.
4. Place of Birth, (Street and Number) 105 Eastern Ave.
5. Full Name of Mother, Louisa Rose.
6. Mother's Maiden Name, Louisa Amund.
7. Mother's Birthplace, America.
8. Full Name of Father, Charles Rose.
9. Father's Occupation, Shoe-Maker.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amund.
- Address, No 137 S. Wolfe St.
- Remarks, D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday Jan 13th 1884
4. Place of Birth, (Street and Number) No 3 Benson St
5. Full Name of Mother Anna Elizabeth Dell
6. Mother's Maiden Name Anna Phillips
7. Mother's Birthplace Germany
8. Full Name of Father Samuel E Dell
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Catherine Dell
- Address No 57 Buntline St
- Remarks _____

Baltimore City
1834
BALTIMORE

1834
BALTIMORE

1834
BALTIMORE

- 1834
BALTIMORE

1834
BALTIMORE

1834
BALTIMORE

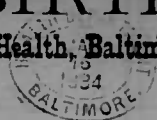
1834
BALTIMORE

1834
BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished for the purpose by the Registrar of Health. The schedule shall contain a list of the births which have occurred under his or her care during the preceding year, and shall be filled out by the Registrar of Health, or by any person authorized by him for that purpose. The full name and sex of the mother, the place of her birth, and the date and time of delivery, shall be entered on the schedule, and the full name and sex of the child, and the date and time of birth, shall be entered on the schedule. The Registrar of Health, or any person authorized by him for that purpose, shall be responsible for the accuracy of the information furnished on the schedule, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11th January 1894*
4. Place of Birth, (Street and Number) *No. 68 West St.*
5. Full Name of Mother, *Mary C. Thuman*
6. Mother's Maiden Name, *Mary Hermenstine*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Philipp Thuman*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sabina Breschke*
- Address, *No. 100 West St.*
- Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

11139
31
MAY 1894

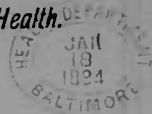
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 15th 1894*
4. Place of Birth, (Street and Number) *150 Williams St*
5. Full Name of Mother, *Theresa Decker*
6. Mother's Maiden Name, *Yalby*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frank Decker*
9. Father's Occupation, *T. L.*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. Willcox*
- Address, *152 E. Main Street*
- Remarks,

RECORDS OF THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

108

Female

Jan 17 1894

Balt. 2nd Lombard St, 294

Katie Davis

Adams

Balt.

John Davis

Director

Leonard Ave. St Mary's Co. Md

M. A. Danforth

194 Gough St.

Living Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~) *Colored.*

3. Date of Birth

January 13th 84

4. Place of Birth (Street and Number)

96 96. Spring St

5. Full Name of Mother

Laura Freeman

6. Mother's Maiden Name

Laura Robinson

7. Mother's Birthplace

Balto.

8. Full Name of Father

James Freeman

9. Father's Occupation

Ship Cook

10. Father's Birthplace

West Indies

Name of Medical Attendant, or other Person who makes this Return.

Irving Miller

Address.

179 E. Monument St

Remarks

exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child and of its mother, the date of its birth, and the date of its delivery, and shall be signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the mother of such child shall be required to procure a certificate from the nearest physician, or from the nearest practitioner of midwifery, or from the nearest nurse, and to present the same to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, January 19th
4. Place of Birth, (Street and Number) Baltimore Cross St. No. 50
5. Full Name of Mother, Mrs. C. Tracey
6. Mother's Maiden Name, Lanner
7. Mother's Birthplace, Calverton Co. Md.
8. Full Name of Father, John W. Tracey
9. Father's Occupation, Teacher
10. Father's Birthplace, Dorchester Co. Md.
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Hatherly
- Address, William St. No. 304
- Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 13th 1884

4. Place of Birth, (Street and Number)

Baltimore Walker st N^o. 31

5. Full Name of Mother,

Flora Barron

6. Mother's Maiden Name,

Cline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Barron

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Whitehall

Address,

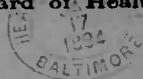
N^o. 58 Perkins st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 13 '94.

4. Place of Birth, (Street and Number)

256 Chew St.

5. Full Name of Mother,

A. E. Weaver

6. Mother's Maiden Name,

A. E. Richardson

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

J. A. Weaver

9. Father's Occupation,

Cigar Dealer

10. Father's Birthplace,

City Balt.

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson M.D.

Address,

212 Green St.

Remarks,

See Section 17 of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

colored male

1. Sex (state whether Male or Female)

January the 13, 1914

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

101 Naver St Baltimore

5. Full Name of Mother

Louise Moulford

6. Mother's Maiden Name

Cyrus Shuckler

7. Mother's Birthplace

136 Plum Alley

8. Full Name of Father

William Lee

9. Father's Occupation

Carrolla Salway

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

For any physician, accoucheur, midwife, or other person in charge, who shall attend, send or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Jan 13th 1884*
4. Place of Birth, (Street and Number) *No 122 Edmond St*
5. Full Name of Mother. *Elizabeth West*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Beth City*
8. Full Name of Father, *Eusan West*
9. Father's Occupation, *Sailor*
10. Father's Birthplace: *Accomac County Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*
- Address, *71 Burgundy Alley*
- Remarks,

12/27

2-11
54
BALTIMORE

6

Male

13 January

63 Charles street

Magdalena Scher

Libeloff.

Baltimore

George Fler

Restaurant

Baltimore

Sarah Casper

72. C. Lombard street

A. E. FLAY & SONS, 4111 FINCHES AVE. STATIONER.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 13/94

4. Place of Birth (Street and Number)

189 Dover St.

5. Full Name of Mother

Theresa

6. Mother's Maiden Name

McMahon

7. Mother's Birthplace

Scotland

8. Full Name of Father

James McKillop

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Smith M.D.

Address

28 E. Charles St.

Remarks

Natural Labor

of Baltimore, unless some change or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, date, time, place, sex, color, race, name of the mother, name of the child, if any name shall have been conferred, its sex, color, the full name and occupation of the person, the day of a place of its birth, and the first and third day of each and every month in which the birth of a child should no other person be in attendance upon the mother, immediately thereafter, in the same manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 13th 1884

4. Place of Birth, (Street and Number)

419 Penna. Ave

5. Full Name of Mother,

Fannie Vernay

6. Mother's Maiden Name,

Harth

7. Mother's Birthplace,

Balto. City Md

8. Full Name of Father,

Benj. Vernay

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return

J. H. CHRISTIAN, M. D.
431 Penn. Av. Cor. Wilkes

Address,

Remarks,



Let any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan. 13, 1884*
4. Place of Birth, (Street and Number) *344 Lombard St*
5. Full Name of Mother, *Sally Tension*
6. Mother's Maiden Name, *Sally Mcbray*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Tension*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mary Swaine*
or other Person who makes this Return.
- Address, *51 Lynde St*
- Remarks,

cannot register of such birth, and shall enter the same on a blank schedule to be furnished by the Committee on Health. This schedule shall contain a list of the births which have occurred under his or her care during the time for which the report is made, and shall be so arranged as to show the full name of each child at the time of its birth, the date of its birth, the sex, color, race, and place of birth, and the date of its registration. The schedule shall be delivered, duly signed by the registrar, in the form of a certificate, to each of the first and third day of each and every month to the Board of Health. In case the registrar is a practitioner of midwifery, or a physician, or a nurse, or a person in the service of a family, he or she shall, in addition to the duty of the registrar, also be required, except in the cases of the births and deaths of illegitimate children, and any other cases in which the law may require, to make a record of the births and deaths of such children, and to a line of ten dollars for each offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 January*

4. Place of Birth, (Street and Number) *Harford Road*

5. Full Name of Mother, *Labella Huitt*

6. Mother's Maiden Name, *Labella Reiser*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ralph Huitt*

9. Father's Occupation, *Forch. & Co.*

10. Father's Birthplace, *Y. I.*

Name of Medical Attendant, or other Person who makes this Return *Anna Walter*

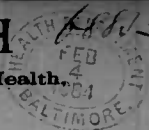
Address, *299 E. Bager St.*

Remarks,

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January 14, 1894

4. Place of Birth, (Street and Number) W. Worschington str No 29

5. Full Name of Mother, Nathaniel Fleckenstein

6. Mother's Maiden Name, W. Kent

7. Mother's Birthplace, Berlin

8. Full Name of Father, Sebastian Fleckenstein

9. Father's Occupation, Lehrer

10. Father's Birthplace, Wittenberg

Name of Medical Attendant, or other Person who makes this Return Mrs. John Frankish

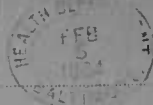
Address, S. Wall str No 14

Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1884

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 14, 1884

4. Place of Birth, (Street and Number)

114 S. Thomas

5. Full Name of Mother, *Theresa*

R. E. Zink

6. Mother's Maiden Name,

Theresa O. Zink

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

R. E. Zink

9. Father's Occupation,

Labour

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

W. Stuart M.D.

Address,

142 N. Euter St.

Remarks,

DEADLY REGISTER OF SUCH BIRTHS, AND SHALL ENTER THE NAME ON A BLANK SCHEDULE TO BE FURNISHED BY THE COMMISSIONER OF THE BOARD OF HEALTH. THIS SCHEDULE SHALL CONTAIN A LIST OF THE BIRTHS WHICH HAVE OCCURRED UNDER HIS OR HER CARE DURING THE MONTH, AND SHALL SET FORTH, AS FAR AS THE SAME CAN BE ASCERTAINED, THE FULL NAMES OF EACH CHILD, ALL THE NAMES OF THE MOTHER, THE NAME OF THE FATHER, THE NAME OF THE PLACE OF BIRTH, THE DATE OF BIRTH, THE SEX, THE RACE OR COLOR, THE DATE OF DEATH, THE PLACE OF DEATH, THE CAUSE OF DEATH, THE NAME OF THE MEDICAL ATTENDANT, THE NAME OF THE PERSON WHO MAKES THE RETURN, THE ADDRESS OF THE MEDICAL ATTENDANT, THE ADDRESS OF THE PERSON WHO MAKES THE RETURN, THE REMARKS, AND A LINE OF TEN DOLLARS FOR EACH INFANT, TO BE RECOVERED AS OTHER FINES AND PENALTIES ARE RECOVERABLE.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race) ... White

3. Date of Birth, ... Jan'y 14. 1884

4. Place of Birth, (Street and Number) 13 1/2 Welcome St., Baltimore City

5. Full Name of Mother, ... Sarah Harpell

6. Mother's Maiden Name, ... Sarah Henry

7. Mother's Birthplace, ... Maryland

8. Full Name of Father, ... Ellis Harpell

9. Father's Occupation, ... Laborer

10. Father's Birthplace, ... German

Name of Medical Attendant, or other Person who makes this Return ... Dr. J. H. H. H.

Address, ... 1 South Street St.

Remarks, ...

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

except register of such birth, shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births occurring in the family during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, any unusual or hereditary diseases, the sex, color, the full name and occupation of its parents, the day and date of its birth, and the date of its registration. The schedule shall be filled out by the mother, or, in the absence of the mother, by the father, or by a practitioner in the form of a certificate, between the first and third day of each year, and every year, and shall be filed in the office of the Commissioner of Health, or of a physician, or of a practitioner of midwifery, at the residence of the mother, immediately thereafter. If, shall then become the duty of the father, or of the mother, or of the practitioner, to cause the birth of each child, in the manner, and within the period above required, except in the cases of still-born children, and of children who are born to any person or persons who shall *breveat* or fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are so recoverable.

th, Baltimore City.

1. Sex, (state whether male or female) ... male

3. Date of Birth, June 14. 1886

4. Place of Birth, (Street and Number) 134 W. Leinster St. B. Achmar. 18 H.

5. Full Name of Mother, Sonia Chapelle

6. Mother's Maiden Name, Sara Henningsen

7. Mother's Birthplace, *New Canaan*

8. Full Name of Father, ... *Ellis Marshall*

9. *Father's Occupation.* *Teacher*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

parent or person who shall hereafter take place, shall keep a true and correct register of each birth and death, and shall be liable to be fined and imprisoned for each offense. This register shall be kept in a book or books, and shall be subject to the examination of the Registrar of Vital Statistics, who shall have access to it at all times. The Registrar shall also have access to the records of the birth and death of every child born in the city, and shall be authorized to require the parent or person who shall hereafter take place, to produce the same, and shall be liable to be fined and imprisoned for each offense. The Registrar shall also have access to the records of the birth and death of every child born in the city, and shall be authorized to require the parent or person who shall hereafter take place, to produce the same, and shall be liable to be fined and imprisoned for each offense. The Registrar shall also have access to the records of the birth and death of every child born in the city, and shall be authorized to require the parent or person who shall hereafter take place, to produce the same, and shall be liable to be fined and imprisoned for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 14

1884

4. Place of Birth, (Street and Number)

57 St. Leonard St

5. Full Name of Mother,

Elizabeth Rutter

6. Mother's Maiden Name,

Elizabeth Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Rutter

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 E. Carrollton St

Remarks,

any mother, one or more, or any superintendent, birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter thereon a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the particulars which have occurred under the birth or care of such mother, and shall be filled up by the mother, or by the superintendent, or by the physician, or by any nurse, after having been examined by the physician, or by the superintendent, or by the nurse, at the place of the birth, and the said schedule shall be delivered, duly signed, by the superintendent, the physician, or the nurse, within the first third day of each and every month, to the Board of Health. In case the superintendent, the physician, or the nurse, shall be absent from the place of the birth, or shall be unable to attend to the duties of the parent or person in his or her stead, then the superintendent, the physician, or the nurse, shall send another person to be in his or her stead, who shall be sworn to perform the duties of the parent or person in his or her stead, and shall be held responsible for the same. While the parent or person in his or her stead is absent, the superintendent, the physician, or the nurse, shall have the duty of the parent or person in his or her stead to perform, and shall be held responsible for the same. A fine of ten dollars for each offense, to be recovered, may be levied on any superintendent, physician, or nurse, who shall be guilty of any of the offenses hereinbefore mentioned.

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "FEB 4 1884" is stamped in three lines.

3
Female

Remarks,

January 14/84
Eastern Ave
Mary Schmiat
Hamburg
Germany
Gerhard Schmiat
Hermann
Germany
Mrs Louise Kraft
234 Canton Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth June 14/84

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother _____

6. Mother's Maiden Name Legitimate

7. Mother's Birthplace _____

8. Full Name of Father _____

9. Father's Occupation _____

10. Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this Return. Arthur P. [illegible]

Address 54 [illegible]

Remarks _____

any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Baltimore City.

3

Girl

Mr. Brita

14 Jan. 1884

Balto. Ann. st No 350

Anna Barton

S. March

Bohemia

Frank. Barton

Soldier

Bohemia

Mary Kaptish

69 N Washington

Ray Osborn

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 Jan. 1884*

4. Place of Birth, (Street and Number) *Balts. Crossline st No 202*

5. Full Name of Mother, *Mary Jervabek*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Andrew Jervabek*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this return *Mary Kopisch*

Address, *69 N. Washington*

Remarks, *Mary Kopisch*

exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the parents, the sex, color, race, and the full name and occupation of the child, and the date, place, and manner of birth. The schedule shall be filled out by the parent or the physician, or the midwife, or the person who attended the birth, and shall be signed by the parent or the physician, or the midwife, or the person who attended the birth, and shall be filed in the office of the Registrar of Vital Statistics. The schedule shall be filled out by the parent or the physician, or the midwife, or the person who attended the birth, and shall be signed by the parent or the physician, or the midwife, or the person who attended the birth, and shall be filed in the office of the Registrar of Vital Statistics. The schedule shall be filled out by the parent or the physician, or the midwife, or the person who attended the birth, and shall be signed by the parent or the physician, or the midwife, or the person who attended the birth, and shall be filed in the office of the Registrar of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan - 14 1884

4. Place of Birth (Street and Number)

147 Mouron St

5. Full Name of Mother

Sarah J. Farney

6. Mother's Maiden Name

Sarah Colburn

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

J. J. J. Farney

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Wm. Phillips

Address

211 W. Lombard St

Remarks

H 11/3

more City.

叶

- Female

- white

- Jan'y 14" / 84

- 52 N. Fremont St

- Mrs Mary E. Farley

- Miss Mary E Veith

- Baltimore

- Thomas Farley

- Telegrapher

- ~~W. B.~~ Saratoga spg. ny

or other Person who
makes this Return

21 of *Reflector*. 5th

[illegible]

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Baltimore City

JAN 25 1894

HEALTH DEPARTMENT
BALTIMORE

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Chlorine

1. Henry 1m 54
 2. 401. E. to head St
 Ellen Dennis
 " Carter
 England.
 402. J. Dennis
 Ligon Water
 England.

Henry S. S. & Charles

... 26. 11. 1954

[illegible]

HEALTH DEPARTMENT
JAN 25 1894
BALTIMORE

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Remarks.

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HEALTH DEPARTMENT
FEB 18 1984
BALTIMORE

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white

January 13, 84

6 Albermarle Str

Lucia Rosenthal

Spencer

Israel Rosenthal

Triller

Pr. 11

or other Person who makes this Return *McCabe B. Melvin*

113 E. Lombard St.

D. FINE & CO., CITY PRINTERS AND STATIONERS.

any person who shall certify or superintend a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Commissioner of Health with a list of the births which shall be so certified, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and month of its birth, the place of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, and the name of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). *2d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 13 1884*

4. Place of Birth, (Street and Number) *45 Albemarle St*

5. Full Name of Mother, *Kate Kupper*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Daniel Kupper*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Marjorie Hornum,*

Address, *113 E. Lombard St*

Remarks, _____

[illegible]

HEALTH DEPARTMENT
FEB 18 1884
BALTIMORE.

1. Sex, (state whether male or female) male

3. Date of Birth, January 14th 1854

5. Full Name of Mother, *Beulah Walden*

6. *Mother's Maiden Name.*

7. Mother's Birthplace, *Andover, Mass.*

8. Full Name of Father, James G. Sullivan

9. *Father's Occupation,* *Factor*

10. Father's Birthplace, *Quebec*

Name of Medical Attendant, or other Person who makes this Return Wm. C. Brown

Address, 1200 17th St

Remarks.

TH 1176
Baltimore City.
1894
BALTIMORE

[illegible]

9

China

41. Le'a

19th January 1889

Ms 140 Map to

Henry Goldenbach

Henry Rogers

Baltimore.

John Caldwell

Alfred Glover

Baltimore

Labina Buckhorn

Wm. West St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter on the same the name of the mother, the name of the child, the sex, color, race, and date of birth, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the full name of the physician, or of a practitioner of midwifery, or of a nurse, or of any other person who attended the birth, and every month, in the case of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, the parents of such child shall report the same to the Board of Health, and shall pay to the said Board a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 14th 1884.*

4. Place of Birth, (Street and Number) *No 119 West st.*

5. Full Name of Mother, *Lizzie Lois*

6. Mother's Maiden Name, *Lizzie Ratenkin*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Bill Lois*

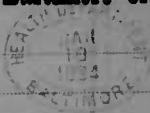
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Catharine Hanning*

Address, *No 18 Byrd st.*

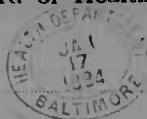
Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14, 1884
4. Place of Birth (Street and Number) 157 Hollins St
5. Full Name of Mother Alice Dixon Knauff
6. Mother's Maiden Name Alice Dixon
7. Mother's Birthplace Mad
8. Full Name of Father Howard A Knauff
9. Father's Occupation Carpenter
10. Father's Birthplace Mad
- Name of Medical Attendant, or other Person who makes this Return. James Bochyman
- Address 319 Hollins St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex (state whether male or ~~female~~) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 11th 30th A. M. 11th January, 1884.
 4. Place of Birth (Street and Number) 30 Pleasant St Baltimore Md
 5. Full Name of Mother Mary Augusta Dvorsh
 6. Mother's Maiden Name Mary Augusta Causelmann
 7. Mother's Birthplace Baltimore, Maryland.
 8. Full Name of Father Perrazine North
 9. Father's Occupation Organist - Rector Church of the Messiah.
 10. Father's Birthplace Rock County - Maryland.
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. Dvorsh M.D.
 Address 236 N. Howard St
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 14th 1884

4. Place of Birth, (Street and Number)

32 N. Guilford St

5. Full Name of Mother,

Sarah O. Lawson

6. Mother's Maiden Name,

Harner

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George S. Lawson

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

W. W. Wright MD

Address,

55 N. Guilford St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: *Henry Rudolph Schwinm*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14 1884

4. Place of Birth, (Street and Number)

No 21 West Pratt st

5. Full Name of Mother,

Lena Schwinm

6. Mother's Maiden Name,

Lena Frank

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Schwinm

9. Father's Occupation,

Saloon Keeper & Restaurant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

192 N. Carey St. E. W. Free M.D.

Remarks,

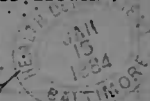


"That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1887/8

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 of January 1884

4. Place of Birth, (Street and Number)

W. T. Senior Street

5. Full Name of Mother,

Mary Fisher

6. Mother's Maiden Name,

Mary Solomon

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Fisher

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Christina Fisher

Address,

173 Hammond Street

Remarks,

Baltimore Md

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be bound to furnish to the Registrar of Health, on demand, a list of the births which have occurred during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, attending the birth, and the name of the hospital, or of a private residence, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Health, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the father, or of the husband of the mother, to sign a certificate of the birth, in the manner and to the effect of the foregoing, and to deliver the same to the Registrar of Health, within the period herein required, except in the cases of the birth of a child, the mother of which is a person or persons who shall hereafter fall in compliance with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltes. Jan 25. 1884*

1. Sex, (state whether male or female) *2. Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Baltimore City*

4. Place of Birth, (Street and Number) *off 563 Eastern ave*

5. Full Name of Mother, *E. Plummer*

6. Mother's Maiden Name, *E. Mordley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Th. Plummer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *L. Fray*

Remarks, *Nov 193 S. Chester St*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the name of the child, the date and place of birth, the sex, color, and the name of the mother, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of the parent or parents, the place of the birth, and the date and hour of birth, and the day of each and every month in the year, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner, and at the time, and at the place, and under the authority, provided for in the provisions of this section shall be subject to a fine of ten dollars for each offence, in the recovery of which fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 14th 1884

4. Place of Birth, (Street and Number)

No. 180 Johnson St.

5. Full Name of Mother,

Mary Biggle

6. Mother's Maiden Name,

Kries

7. Mother's Birthplace,

America

8. Full Name of Father,

Leophardt Biggle

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schwass midwife

Address,

330 Hammer St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person unqualifying midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Registrar of Vital Statistics, and shall retain the same until the birth, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, whether it has been conformed to its sex, either the full name and occupation of its parents, the day and place of its birth, and the full schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, and the said schedule shall be retained by the Registrar of Vital Statistics, and shall be subject to the inspection of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time and to the person or persons who shall hereafter fall in comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

15 day of January

4. Place of Birth, (Street and Number)

420 S Paca street

5. Full Name of Mother,

Phillisine Staffel

6. Mother's Maiden Name,

Phillisine Arenz

7. Mother's Birthplace,

Marburg Kurhessen Germania

8. Full Name of Father,

Heinrich Staffel

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Halsdorf Kurhessen Germania

Name of Medical Attendant, or other Person who makes this Return

Mrs Seebach

Address,

Pratt near Fremont 439.

Remarks,

Child well & normal



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh (7th)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 15th 1884

4. Place of Birth, (Street and Number)

131 Harford Ave

5. Full Name of Mother,

Margaret Furlong

6. Mother's Maiden Name,

Murphy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Furlong

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Regina St. Winstler

Address,

186 Harford Ave

Remarks,

[illegible]

RECEIVED
FEB 1 1964
BOSTON

Second

Male

Tuesday, Jan'y 13th 84

#281 Light st. Balto. Md

Mrs. William Franklin Goetz

Minnie Augusta Martine

Fernst. Pouches Germany
H. B. F. B. B.

William Franklin Loetz

Barber

Baltimore, Maryland U.S.A.

Barf Mein

1, Sandusky, Ill. H

Remarks.

[illegible]

HK

2. no

Male

White

Jan. 15th 84

73 f. Sharp St.

Katie ^{my} Frank

Mattheus

Baltimore

Louis Frank

JAMES KEEFER

Baltimore

Wm. K. H.

#398 [Signature]

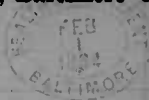
~~#~~ 328

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be required to file a true and correct copy of the return of the birth, in the City and County of Baltimore, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and to cause the same to be entered in the exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filed in the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to the inspection of the Registrar of Health. The name shall have been conferred, in accordance with the provisions of the Act, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the practitioner shall fail to deliver the said schedule, or shall deliver the same in an incorrect form, or shall fail to deliver the same within the period above required, except in the case of the births and deaths of illegitimate children, and in the case of the births and deaths of children who are subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 15, 1884*
4. Place of Birth, (Street and Number) *#70 Leadenhall St*
5. Full Name of Mother, *Maggie Kraus*
6. Mother's Maiden Name, *Maggie Kuhlman*
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *Henry Kraus*
9. Father's Occupation, *Electrician*
10. Father's Birthplace, *Baltimore MD*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. M. M.*
- Address, *1 Lucca Street St*
- Remarks,



SECTION 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall receive a license and a certificate of health, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain the name of the mother, the name of the child, the sex, color, date of birth, place of birth, and the name of the practitioner of midwifery, and shall be countersigned by the Registrar of Health. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, who shall be guilty of any of the following offenses, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

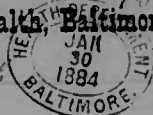
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st birth
 Girl
 Neg
 13 January
 Chester St. No 295
 Mari Cannel
 ne M. Cannel
 Cannel Ireland
 Joseph Cannel
 Fisher
 Gormel Ireland

Dr. Manser
 Lombard St. No 205

TH
FEB
Baltimore City
BALTIMORE

TH
FEB
Baltimore City
BALTIMORE

Sixth (6.)

Male

White

Jan'y 15th 1884.

No 113. E. Bidle St

Rosalie Kirmayer

Richter

Baltimore

John Wermayer

Labov.

Baltimore

or other Person who
makes this Return

Josephina Konrad

No 20, Barnes St.

[illegible]

SECTION 9.—And he further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with him, and shall retain the original of the same in his possession during the month, and shall not forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the sign whereby it shall be delivered, duly signed by the practitioner of midwifery, or by any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Commissioner of Health, and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2^d, 3^d, &c.) *First*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 15th 1884*

4. Place of Birth, (Street and Number) *126 T Barr St*

5. Full Name of Mother, *Sarah Dougherty*

6. Mother's Maiden Name, *Barker*

7. Mother's Birthplace, *Calvert Co Md*

8. Full Name of Father, *Charles Dougherty*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. J. H. H. H.*

Address, *158 E. Roca St*

Remarks,

That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall file with the City Clerk a copy of the birth record, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health, which shall contain a list of the births which have occurred under his or her care during the month, and shall be filed in the office of the Commissioner of Health, and the name of each child, its sex, color, date of birth, place of birth, and the name of the mother, shall be entered in the schedule, and the schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first authorized day of each and every month to the Board of Health. In case the birth of a child shall occur on the last day of the month, the certificate shall be filed with the Board of Health on the first day of the month following. The certificate shall be filed with the Board of Health, in the office of the Commissioner of Health, and the certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *✓*

3. Date of Birth, *January 15th*

4. Place of Birth, (Street and Number) *107 Eastern Ave*

5. Full Name of Mother, *Pritchard Mohr*

6. Mother's Maiden Name, *Burus*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Mohr*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Chris Kraft*

Address, *236 Union Ave*

Remarks,



SECTION 6.—And be it further enacted and ordained, That every person practicing infanticide in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall be filled out by the physician, or other person in charge of the establishment during the month, and shall set forth, as far as the same can be ascertained, the full name of each child by sex, color, the full name and occupation of its parents, the day and the hour of its birth, the name of the midwife, and be brought to the office of the Commissioner of Health, and be there deposited, between the first and third day of each and every month, to the record of Health, in the case of the birth of any child born without the attendance of a physician, or of a practitioner of midwifery, or of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of children born of a woman who has been convicted of an offense, to be recovered as other fines and penalties are so recovered, in a fine of ten dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles E. Roenehalp
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex, (state whether male or female) White
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan 12th 1884
 4. Place of Birth, (Street and Number) 352 Allecander St
 5. Full Name of Mother, Lizzie Rosentahl
 6. Mother's Maiden Name, Havens
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles A Rosentahl
 9. Father's Occupation, Box maker
 10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return *Chas. H. Wiley*

Address, No 12 Patterson Park, Md

Remarks. _____

Return of A Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Jan'y 15th 1884
 4. Place of Birth (Street and Number) 307 Fort ave
 5. Full Name of Mother Annie J. Briggs
 6. Mother's Maiden Name Annie J. Blanchard
 7. Mother's Birthplace Baltimore, Md
 8. Full Name of Father William Briggs
 9. Father's Occupation Laborer
 10. Father's Birthplace Jersey
 Name of Medical Attendant, or other Person who makes this Return. O. A. Carter M.D.
 Address 110 Fort ave
 Remarks

1884
 1897
 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White (Jewish)*
 3. Date of Birth *Jan. 15th 1884*
 4. Place of Birth (Street and Number) *217 Greenmount Ave*
 5. Full Name of Mother *Minnie A Goldberg*
 6. Mother's Maiden Name *Beor*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Paul Aaron Goldberg*
 9. Father's Occupation *Salesman*
 10. Father's Birthplace *N. Yk City, N. Yk*
 Name of Medical Attendant, or other Person who makes this Return. *Ch. Stein, M.D.*
 Address *195 N. Eden St.*
 Remarks

timore City.

21
1904
BALTIMORE

5.

Ferrake

Mr. White

15 Jan. 1884

B. Chapel st No 57

A. Sihora

A. Paterson

Bohemia

For. Sikora

Shoemaker

Bohemia

Mary Kaptich

Washington 18

May Oshish

U.S. AIR MAIL 4 CENTS CITY PRINTED AND POSTPAID

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18901

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

| | |
|--|---------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st— |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Jan 13 th 1884 |
| 4. Place of Birth, (Street and Number) | 84 Penn Al |
| 5. Full Name of Mother, | Mary C. McNally |
| 6. Mother's Maiden Name, | Rinn |
| 7. Mother's Birthplace, | Balto. City |
| 8. Full Name of Father. | J. H. McNally |
| 9. Father's Occupation, | Garbage man |
| 10. Father's Birthplace, | Balto. City |
| Name of Medical Attendant, or other Person who makes this Return | W. D. Vooten, M.D. |
| Address, | 157 Park av. |
| Remarks, | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ...

Jan 15th 1894

4. Place of Birth, (Street and Number)

658 Madison Ave

5. Full Name of Mother, ...

Anna Hamenstoffer
Glasco

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

Virginia

8. Full Name of Father, ...

John Hamenstoffer

9. Father's Occupation, ...

Bricklayer

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas E Sadler M.D.

Address, ...

565 Druid Hill Ave

Remarks, ...

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18902

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15 1884
4. Place of Birth, (Street and Number) No 831 W Lombard St
5. Full Name of Mother, Florence Jung
6. Mother's Maiden Name, Jung
7. Mother's Birthplace, Frederick Co
8. Full Name of Father, Ben C Jung
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return E. J. J. J.
- Address, No 82 Lombard St
- Remarks,

Corrected version of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name, ...

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
female Male
White
Jan 15 84
129 1/2 Fremont
Veronica Metzger Daniel
Veronica Metzger
Germany
Daniel Daniel
Merchant
Germany
A. Friedewald M.D.
88 N. Eutaw Street

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

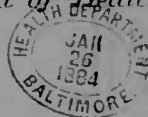
Every effort was made to
assure legibility and com-
pleteness.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

68905

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

female
white
15th January 1884
Belair Avenue
Dora Loos
Dora Link
Baltimore County
Frederick Loos
Beer Brewer
Kirchheim Avenue
Germany

Name of Medical Attendant, or other Person who makes this Return.

* Address,

Remarks,

sections 6.—And he to further ascertain: That every person practicing infidelity in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Committee on the subject, with a list of the names of the persons who have been guilty of infidelity in the City of Baltimore, and shall not be permitted to remove from the City of Baltimore, until he has been furnished with a list of the names of the persons who have been guilty of infidelity in the City of Baltimore, and shall not be permitted to remove from the City of Baltimore, until he has been furnished with a list of the names of the persons who have been guilty of infidelity in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) .. *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, 15th Januar

4. Place of Birth, (Street and Number) 23 Irekwen Street

5. Full Name of Mother, *Magic Smith*

6. Mother's Maiden Name, *Lange*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father. *Herman Lange*

9. *Father's Occupation,*

10. *Father's Birthplace.* *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Marie Githner
S. Wolfe Street 243.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same in his office, and shall retain the same for a period of one year after the date of the birth, and shall at all times be prepared to produce the same to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *Colored child*
 3. Date of Birth, *January 15*
 4. Place of Birth, (Street and Number) *32 Bond St*
 5. Full Name of Mother, *Marcella Grooms*
 6. Mother's Maiden Name, *Marcella Hall*
 7. Mother's Birthplace, *Carroll County*
 8. Full Name of Father, *James Alfred Grooms*
 9. Father's Occupation, *Farm man*
 10. Father's Birthplace, *66 St Mary St. Bal City*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Annie Grooms*
 Address, *94 Tabor St*
 Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-2-10-1894

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of January, 1884

4. Place of Birth, (Street and Number) 340, East Orleans Street

5. Full Name of Mother, Mary G. Harris

6. Mother's Maiden Name, *Mary T. Kephau*

7. Mother's Birthplace,

8. Full Name of Father. William H. Hopkins

9. *Father's Occupation.* *Barberman.*

10. *Father's Birthplace,* ... Baltimore

Name of Medical Attendant, or other Person who makes this Return *Crescencia Mendez*

Address. 21 North Chapel Street, Dublin, Ireland.

Remarks, *Healthy*

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1890
JAN 17 1891
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

January 15th 1884

4. Place of Birth, (Street and Number)

Baltimore Montgomery Street 147

5. Full Name of Mother.

Elara Wingrove

6. Mother's Maiden Name.

"Stuck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

David Wingrove

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mr. Elizabeth Scarborough

Address,

220 Montgomery Street Balt.

Remarks.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.C.

3. Date of Birth, 15th January

4. Place of Birth, (Street and Number) 10155 Dallas St

5. Full Name of Mother, Elizabeth Handy

6. Mother's Maiden Name, Elizabeth Handy

7. Mother's Birthplace, Iron Hill Md

8. Full Name of Father, James S. C. C.

9. Father's Occupation, Laborer

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return Leah Walker

Address, 10155 Spring St

Remarks, Cef

Section 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall take and file with the exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filed in the office of the Commissioner of Health, and the name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its mother, in case of a place of its birth, and the date and time of its delivery, duly signed by the midwife, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the child should die, the midwife shall file with the Board of Health, a certificate of its death, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and should no other person be in attendance upon the mother, immediately thereafter, in the case of a birth, to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

13th day of January

4. Place of Birth, (Street and Number)

No 102 Cockle St Locust Pk

5. Full Name of Mother,

Anna M. Jackson

6. Mother's Maiden Name,

Anna Folk

7. Mother's Birthplace,

Berk Pennsylvania

8. Full Name of Father,

Andrew Jackson

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Lizzie Shaffer

Address,

102 North Ave Towson

Remarks,

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of all the births which occur in the City, and shall enter the same on a blank schedule to be furnished to him by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child at the time of its birth, the date of its birth, the place of its birth, the name of the physician, or of a practitioner of midwifery, or of a nurse, who attended the birth, and the sex of the child. The said schedule shall be delivered, duly signed by the practitioner, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 10 1894*

4. Place of Birth, (Street and Number) *5211 East St.*

5. Full Name of Mother, *Margaretta Garschke*

6. Mother's Maiden Name, *Margaretta Gumbitzig*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *C. K. Garschke*

9. Father's Occupation, *Carriage Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *H. A. Bull*

or other Person who makes this Return

Address, *123 St. Charles St. at E. Monument St.*

Remarks, *All Well*



[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

While

3. *Date of Birth.*

Jan'y 16 - 1884.

4. *Place of Birth, (Street and Number)*

No. 344. N. Washington St.

5. *Full Name of Mother,*

Dora Caimak

6. *Mother's Maiden Name,*

11. Kafka

7. *Mother's Birthplace,*

Bohemia

8. *Full Name of Father,*

John Ceimack

9. *Father's Occupation,*

Labor

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Josephina Konrad

Address,

No 20 Barnes Str

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)
1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th Jan'y 1884
4. Place of Birth, (Street and Number) 784 W Pratt St
5. Full Name of Mother, Ma B Thomas
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, " " "
8. Full Name of Father, Joseph McGorman
9. Father's Occupation, Miner
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

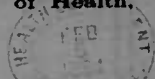
Geo H. C. [Signature]
1 Waverly Denver

Return of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Jan. 16, 1884

4. Place of Birth, (Street and Number)

1974 Exeter

5. Full Name of Mother,

Maggie O'Hea

6. Mother's Maiden Name,

Wolby

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael O'Hea

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

D. Sheet 1 Mo

Address,

1432 Exeter

Remarks,

[illegible]

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "FEB 4 1884" is stamped in three lines.

6 Female

January 16 1887

161 Durham St

Cebina Weiss

Doshier,

Geen aan

John Weiss

Carpenter

Germany

Mrs Louise Knapp

236 Canton, Pa.

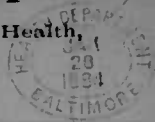
2000

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 16 1884*
4. Place of Birth, (Street and Number) *No 51 Monroe*
5. Full Name of Mother, *Mary Schliuse*
6. Mother's Maiden Name, *Mary Wright*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Schliuse*
9. Father's Occupation, *Wright*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

E. L. Lumbard
No 827 Lombard St

of Baltimore, under whose charge or supervision a birth shall occur, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be supplied by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, its race or color, its date of birth, the name of its parents, the city and place of its birth, and the said schedule shall be delivered, duly signed by the physician, or midwife, or other person who attended the birth, to the Board of Health, in case the certificate, to be given the first and third day of each and every month to the Board of Health, or of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person who attended the birth, and shall be delivered to the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 12

1. Sex, (state whether male or female) ...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 16 - 1884

4. Place of Birth, (Street and Number)

No 49. Abbott Str

5. Full Name of Mother,

Franciska Uhlík

6. Mother's Maiden Name,

" Panuska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Uhlík

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No 20. Barnes Str

Remarks,



SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Comptroller of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, in concise and legible handwriting, the sex, race, color, the date and place of its birth, and the full name and occupation of its parents, the day and hour of its birth, and the date and hour of its delivery, and the name of the midwife attending the birth, and the name of the person or persons who shall be in attendance upon the mother immediately thereafter. It shall then be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other such fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Nov 12 1884*

4. Place of Birth, (Street and Number) *Pennington Ave*

5. Full Name of Mother. *Caroline J. Schneider*

6. Mother's Maiden Name. *Caroline J. Schneider*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *Charles Schneider*

9. Father's Occupation. *Butcher*

10. Father's Birthplace. *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Schneider*

Address, *215 Pennington Ave*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5-22-52
RETURN OF A BIRTH.

68921

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Maud Covington Lewis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 16th 1884

4. Place of Birth (Street and Number)

134 Bank st

5. Full Name of Mother

Maria L. Lewis

6. Mother's Maiden Name

" Wagner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Benj. F. Lewis

9. Father's Occupation

Paper Hanger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Lavenport

Address

194 Gough st

Remarks

doing well



Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, June 16th
4. Place of Birth, (Street and Number) 78 Maryland Ave.
5. Full Name of Mother, Margaret Dunbar
6. Mother's Maiden Name, Mullikin
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Dunbar
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, Charlotte C. Cady
or other Person who makes this Return
- Address, 309 Cathedral St.
- Remarks, _____

1992-93

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2.)

126

DATE: _____

Primary 16th 1884

ber) 431 ✓ & Doyette 21a

1034 Kelly

104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-1099-1100-1101-

England

Marcelus Kelly

Mariner

Mar. 6, 1916

Mrs Elizabeth Peabody

120 Jack H.

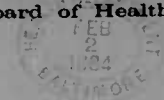
2-14-68 MAY 2 1968 CITY DIRECTOR AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

57 Hellst
X 16th January 1884.

4. Place of Birth, (Street and Number)

Mary Welsh

5. Full Name of Mother,

6. Mother's Maiden Name,

Fahey

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Welsh

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster

Address,

57 Banner

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 16th 1884.

4. Place of Birth, (Street and Number)

10 N Cole street Baltimore Md.

5. Full Name of Mother.

Kate Young.

6. Mother's Maiden Name,

Kate Confern.

7. Mother's Birthplace,

France

8. Full Name of Father.

Labor Joseph young

9. Father's Occupation,

France

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mary Kroming

Address,

No 60 Parrish St Balto Md

Remarks,

Mother and child doing well

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1892

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 of January 1893

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

7th Lyndall
Female
White
235 Lisquill and B. Street
Johnna Weaver
Johnna Weaver
Germany
Didrich Weaver
Shoemaker
Germany
Miss Christina Lauer
173 Maryland Ave.
Baltimore - Md.

1927
 H
 DEPT.
 timore City
 1927
 BALTIMORE

timore City

3

female

4)

January 26, 1884

No. 273 N. Bond St

ra. N. a. Caff

Wilson

Med.

and Mrs. Giff

Human

M.

Caroline Miller

No. 5 Walther St. Halle Ald

JOHN F. LEE & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

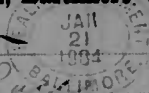
SECTION II.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of the same, and shall forward the same to the Registrar of Vital Statistics, at the City Hall, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and month of its birth, the name of its mother, and the name of the physician or midwife attending the birth, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seven



1. Sex, (state whether male or female)

Colored Male

2. Race or Color, (if not of the white race)

Male

3. Date of Birth,

16 June - 1881

4. Place of Birth, (Street and Number)

35 Lister St

5. Full Name of Mother,

Ellen Seward

6. Mother's Maiden Name,

Piquet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Seward

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Annapolis Md

Name of Medical Attendant,

or other Person who makes this Return

Wm A. Albig

Address,

18 Hollafer St

Remarks,

Baltimore Md

SECTION 6.—And he it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be furnished by the Commissioner of Health, with a blank schedule to be filled out by him, containing a list of the births which have occurred under his or her care, and shall be bound to fill out and forward to the Commissioner of Health, the said schedule, containing the name of each child, its sex, color, the full name and address of the mother, the place of its birth, and the date of its birth, and the date of its registration, in the form of a certificate, to be given the first and third day of each and every month, to the Board of Health. In case the midwife or person practicing midwifery, shall neglect or refuse to comply with the provisions of this section, he or she shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 Jan 1884

4. Place of Birth, (Street and Number)

Baltimore Thomas St No 44-46

5. Full Name of Mother,

Anna Paula

6. Mother's Maiden Name,

A. Slavetinska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Andrew Paula

9. Father's Occupation,

Painter

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this return

Mary Kopsch

Address,

69 N. Washington St

Remarks,

Mary Kopsch

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall be liable to be furnished by the Commissioner of Health, with a certificate, to be filled up by the midwife, containing the following particulars:—The sex, color, the full name and occupation of its parents, the day and hour of its birth, the place where it was born, the name of the physician or midwife, the name of the mother, the name of the father, the name of the child, the name of the nurse, and the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Mon Thursday Jan 16 1884*

4. Place of Birth, (Street and Number) *11302. Alby St*

5. Full Name of Mother, *Thomas Lally*

6. Mother's Maiden Name, *Thomas Brooks*

7. Mother's Birthplace, *Chandredal co*

8. Full Name of Father, *John Lally*

9. Father's Occupation, *Bar tender*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant,

or other Person who makes this Return

Address, *11302. Alby St. City*

Remarks, *Mother & child doing well at present.*

SACRILEGE. - And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall cause the same to be duly entered under his or her name in the register of Health. This schedule shall contain a list of the births which have occurred under his or her name during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been ascertained), its sex, color, the full name and occupation of its parents, the day and hour of its birth, the first and third day of each and every month to the Board of Health, the certificate, between the first and third day of each and every month to the Board of Health, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the person so attending the mother, to cause the birth and death of the child to be entered in the register of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 10th 1884*

4. Place of Birth, (Street and Number) *36 Essex St*

5. Full Name of Mother, *Margaret McKee*

6. Mother's Maiden Name, *Steffers*

7. Mother's Birthplace, *Orland*

8. Full Name of Father, *Edward McKee*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Orland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*

Address, *No. 12 Patterson Park Dr.*

Remarks, *Called in Dr. Gately*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 65733

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Jan. 11, 1884.
4. Place of Birth, (Street and Number) 636 Light St.
5. Full Name of Mother Elly M. Nicklison
6. Mother's Maiden Name Hyatt.
7. Mother's Birthplace Balto. Md.
8. Full Name of Father George W. Nicklison
9. Father's Occupation Lab.
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this return. Annie Green
- Address 624 Light St.
- Remarks

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, and every person who shall be employed by such person, shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its place of birth, the date of its birth, the name of its father, the name of its mother, the name of the practitioner of midwifery, or of a physician, or of a practitioner of medicine, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, or of a practitioner of midwifery, the parent or parents of such child, or the person who shall be employed by such person, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *January 16th*

4. Place of Birth, (Street and Number) *no 3 rickbitch court*

5. Full Name of Mother, *Susan Wilkins*

6. Mother's Maiden Name, *Susan Jones*

7. Mother's Birthplace, *Kent county Md*

8. Full Name of Father, *Richard Jones*

9. Father's Occupation, *labour*

10. Father's Birthplace, *Kent county Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs Lydia Porter*

Address, *no 4 pappeo avenue*

Remarks, *healthy child*

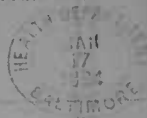
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 16. 1884*
4. Place of Birth (Street and Number) *N 88 W. Ann. St*
5. Full Name of Mother *Laura Hillaird*
6. Mother's Maiden Name *Hillaird*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Emory White*
9. Father's Occupation *Carthier*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Francis Anderson*
- Address *N 30 McCubbin St.*
- Remarks



65935

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics,
BALTIMORE CITY, Board of Health.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 6 1924*

4. Place of Birth, *St. Lawrence St.*

5. Full Name of Mother, *Susan Williams*

6. Mother's Maiden Name, *Maryland*

7. Mother's Birthplace, *Walter*

8. Father's Occupation, *Writer*

9. Father's Birthplace, *Baltimore Md*

10. Father's Birthplace, *St. Lawrence St.*

Name of Medical Attendant, *Dr. J. C. Welch*

Address, *St. Lawrence St.*

Remarks, *Birth*

"That any physician, accoucher, midwife, or other person in charge who shall attend, assist, or deliver a child, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

or other person who
make this return

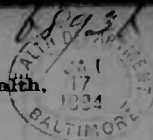
CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Wednesday - May 6th 1934

4. Place of Birth, (Street and Number)

44 Saratoga St.

5. Full Name of Mother...

Susan Williams

6. Mother's Maiden Name,

Susan Simms

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Harmon Williams

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Dr. C. Welch M.D.

Address,

51 N. Calvert St.

Remarks,

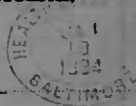
Brush inoculation -

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 16th 1884

4. Place of Birth, (Street and Number)

Maternity - 101 N. Lombard

5. Full Name of Mother,

Mary M. Williams

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

M. J. W. L. L. L.

Address,

101 N. Lombard

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

330 Hanover St.

Section 9. And be it further enacted and declared, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall file two only exact registers of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care, and shall be filled out in the following manner:—The first and second columns shall be filled with the name of the child, and the third with the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first and third day of each and every month, to the Board of Health. In case the practitioner shall be absent from the City, he or she shall designate some other person to perform the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the practitioner shall report the same to the Board of Health, and shall be liable for each subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *January 17th. 1894*

4. Place of Birth, (Street and Number) *No. 43 Pearl St.*

5. Full Name of Mother, *Minna Price*

6. Mother's Maiden Name, *Minna Sanders*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Henry Price*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. Bull*

Address, *No. 185 S.E. Co. Central av. & Monument St*

Remarks, *W.C. Hill*



[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks. *See shell*



Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact record of all births, and shall enter the same on a blank schedule to be furnished by the Committee on Health, and shall file the same in the office of the Registrar of Vital Statistics, on or before the day during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and hour of its birth, the day of the week, the month and year, the name of the physician, or of a practitioner of midwifery, or of any other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar of Vital Statistics to cause the same to be entered in the book of the Registrar, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth. (10.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Jan'y 17. 1884.

4. Place of Birth, (Street and Number) No. 9 Abbott St.

5. Full Name of Mother. Matie Lachmühler

6. Mother's Maiden Name. " Kaidhard

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Lachmühler

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Josephine Konrad

Address, No 20 Barnes St

Remarks, _____



6742

Child

3rd

Finnvale

White

17th January

728 S. W. Ballinger St

Barbara Hinderes

Barbara Giek

Baltimore. Md.

Edward, Frederick. Hinderer

Basket Maker.

Wilmington, Delaware

or other Person who
makes this Return

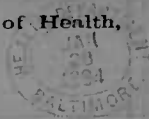
[illegible]

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 23 1884*
4. Place of Birth, (Street and Number) *No 825 Lombard St*
5. Full Name of Mother, *Katy Lotz*
6. Mother's Maiden Name, *Katy Berger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Donhard Lotz*
9. Father's Occupation, *Brewery Labor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *J. J. Lumm*
or other Person who makes this Return
- Address, *No 825 Lombard St*
- Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall be and he is hereby required to keep a true and correct record of all the births, deaths, marriages, and divorces which shall occur in the City of Baltimore, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if male or female), the date of its birth, the place of its birth, the name of the mother, the name of the father, the sex of the child, and the said record shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or in case the death of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, and in any case where the practitioner is unable to attend to the duties of his office, it shall be the duty of the nearest nurse required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 17/84

4. Place of Birth, (Street and Number)

166 Pearl St.

5. Full Name of Mother,

Mary E. Harman

6. Mother's Maiden Name,

a a Grady

7. Mother's Birthplace,

City

8. Full Name of Father,

George Harman

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Dr. D. Blake

Address,

158 J. B. Casp

Remarks,

Extract Regulations of the Board of Health to secure accurate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second

Male

White

Jan 17th 1884

167 Aisquith Street

Ella V. Watson

Ella V. Green

Baltimore City

John T. Watson

Salesman

Calandwill Bala. Co.

A. G. Halston

1437 N. Central

md.

1894

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

[illegible]

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Leimbachstr. 278



Record of Vital Statistics in the City of Baltimore.

SECTION 9.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank sheet of paper, to be furnished him or her, during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed and sworn to, to the clerk of Health, at the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should for other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the clerk of Health, and if they fail to do so, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

C Birth

1. Sex, (state whether male or female)

Co

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 January

4. Place of Birth, (Street and Number)

Hemster Street

5. Full Name of Mother,

Mari Engel

6. Mother's Maiden Name,

" " Dinnisch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Engel

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maurer

Address,

Remarks,

Lo in Card Street No 210

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH,

1894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth 17 of January
4. Place of Birth, (Street and Number) No. 103 Dunker Alley.
5. Full Name of Mother Heate Anderson
6. Mother's Maiden Name Baltimore
7. Mother's Birthplace Charles Eddemund Therner
8. Full Name of Father Driver
9. Father's Occupation Eastenshore Talbert County Md.
10. Father's Birthplace Ann Chamber
- Name of Medical Attendant, or other Person who makes this Return. No. 9 Union St.
- Address _____
- Remarks _____

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of the mother, the name of the child, the date and place of its birth, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the age of the mother at the time of its birth, and shall also enter the name of the physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, at such place, in the case of the birth of a child, to cause the same to be registered, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 Jan.

4. Place of Birth, (Street and Number)

60 President

5. Full Name of Mother,

Mattie Nicholas

6. Mother's Maiden Name,

Dukean

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Louis Nicholas

9. Father's Occupation,

Tavern

10. Father's Birthplace,

Italy

Name of Medical Attendant,

or other Person who makes this Return

Sarah Gatter

Address,

72 E. Lombard

Remarks,



Missing

68950-68952, incl.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Black~~ White
3. Date of Birth, 17 the 9th month 1884
4. Place of Birth, (Street and Number) Birch St., Mealy, and Jefferson St.
5. Full Name of Mother, Martilder Grape
6. Mother's Maiden Name, Martilde Woodfield
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Grape
9. Father's Occupation, Laborer
10. Father's Birthplace, York, Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return, Henrietta A. Glaser
- Address,
- Remarks,

DEPARTMENT
 Baltimore City.

any nature shall have been subjected to sex, color, or full man and occupation of its parents, the day of its birth, and the said certificate shall be delivered, duly signed by the matron, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be called in to assist upon the mother, immediately thereafter the said child then become the property of the city, and shall be taken care of by the Board of Health, in the manner and to the extent that the Board of Health may deem proper. The said child shall be taken care of within the period allowed by law for the birth of such child, and shall be taken care of as a child of any person or persons who shall hereafter fall to comply with the provisions of the section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

- A. J. CITY PRINTERS AND STATIONERS

any female child, before being conferred, its sex, color, its full name and registration of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, to the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur at a time when the mother is absent from the city, the practitioner shall then become the duty of the parent or of the person who has charge of the child, to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, except in the cases of this birth and death of illegitimate children, and any person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *January 17*

4. Place of Birth, (Street and Number) *No 72, Pierce St.*

5. Full Name of Mother *Mary Lizzie Sumner*

6. Mother's Maiden Name

7. Mother's Birthplace *Austin, Texas, Mex.*

8. Full Name of Father *W. Andrew*

9. Father's Occupation *Lab.*

10. Father's Birthplace

Name of Medical Attendant

or other Person who makes this Return

Burke Pennington

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 Jan 1883

4. Place of Birth, (Street and Number)

B. Fayette Court

5. Full Name of Mother,

S. Rabit

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jahn. Rabit

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

May Robinson

Address,

69 N Washington St

Remarks,

May Robinson

159.7

[illegible]

40

[illegible]

Handwritten signature: J. H. Smith

184

113 *Arum. M.*

Alfred R. Smith

Reyer

Bullington

Leann M. Kramer

Chordeiles thomasi

Drayton and Virginia

Lucas Hunter

21 of Pappeleton St

CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fourth.
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan'y 17th 1884.

4. Place of Birth, (Street and Number)

* 35 Holland Street,

5. Full Name of Mother,

Martha Cook,

6. Mother's Maiden Name,

Martha Bailey.

7. Mother's Birthplace,

Philadelphia Pa.

8. Full Name of Father,

Valentine Cook

9. Father's Occupation,

Printer,

10. Father's Birthplace.

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Sam'l E. Powell, M.D.

Address,

* 29 Wisgrith Street,

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 17th 1884

4. Place of Birth, (Street and Number)

No 89 S Wolfe St.

5. Full Name of Mother.

Ellen. Montague

6. Mother's Maiden Name.

Ellen Corkman

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Eugene V. Montague

9. Father's Occupation,

Mariner

10. Father's Birthplace.

England

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Flemming

Address,

No 93 Albemarle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

a. White

3. Date of Birth,

17 Day January 1884

4. Place of Birth, (Street and Number)

Baltimore D 12 4 8 8 Trulke

5. Full Name of Mother,

Ellen Kramer

6. Mother's Maiden Name,

Ellen Clechley

7. Mother's Birthplace,

Baltimore

Married

8. Full Name of Father,

William A. Kramer

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return

Chas. Green

Address,

Harriet St 60

Remarks,

RETURN OF A BIRTH.

68961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 2

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January the 17 1887

4. Place of Birth (Street and Number)

Corner of Gay and Boston St

5. Full Name of Mother

Elizabeth Winkler

6. Mother's Maiden Name

Elizabeth Oermann

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Albert Foster

9. Father's Occupation

Lawyer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann E. Bull

Address

No 171 South Chester St

Remarks

at the birth of any child, within the City of Baltimore, shall deposit with the Registrar of Vital Statistics, within the day thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of a child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

female
colored

2. Race or Color (if not of the white race)

3. Date of Birth

January the 17

4. Place of Birth (Street and Number)

Balto Hughes St 214

5. Full Name of Mother

Sallie Wilson

6. Mother's Maiden Name

Sallie Slater

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Perry Wilson

9. Father's Occupation

oxter sh

10. Father's Birthplace

Kent Island

Name of Medical Attendant, or other Person who makes this Return.

Sarah Tasker

Address

224 Hughes St

Remarks

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within the period allowed by law, and the said practitioner shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, Jan 17th 1884
- Place of Birth, (Street and Number) No 569 E. Lombard St
- Full Name of Mother, M. Josephine Muller
- Mother's Maiden Name, Whickman
- Mother's Birthplace, Norway
- Full Name of Father, Peter Muller
- Father's Occupation, Mariner
- Father's Birthplace, Norway
- Name of Medical Attendant, or other Person who makes this Return, M. Goetzke
- Address, No 569 E. Lombard St
- Remarks,

to be filled out by the Registrar or other Person who makes this Return. ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 17th 1894

4. Place of Birth (Street and Number)

88 Brunner St

5. Full Name of Mother

Mary Christina Praeger

6. Mother's Maiden Name

Schaaf

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Praeger

9. Father's Occupation

Linner

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Geo. E. Gibbons M.D.

Address

47 Edmondson ave

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

68966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Jan. 17th 1884

4. Place of Birth (Street and Number)

98 S.

5. Full Name of Mother

Sophie

6. Mother's Maiden Name

"

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Baltimore md.

Name of Medical Attendant, or other Person who makes this return

Dr. Geo. Dausch

Address

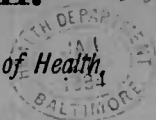
325 E. Baltimore st.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Jan. 17th. 1884.
4. Place of Birth (Street and Number) 252 Mount St.
5. Full Name of Mother Alice E. Mitchell -
6. Mother's Maiden Name Prigg.
7. Mother's Birthplace Penna.
8. Full Name of Father Sam B. Mitchell -
9. Father's Occupation Music Teacher -
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. R. Mc. Goldman, M.D.
- Address Harlem av. Calhoun St.
- Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 17th 1884.

4. Place of Birth, (Street and Number)

38 Glenway St.

5. Full Name of Mother

Elizabeth W. Owens

6. Mother's Maiden Name

Schofield

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wallace Owens

9. Father's Occupation

Farmer

10. Father's Birthplace

Mayfield Co. Maryland

Name of Medical Attendant, or other Person who makes this Return.

John Morris M.D.

Address

5 Franklin St.

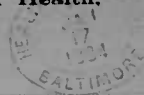
Remarks

born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

68971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 22 1883

4. Place of Birth, (Street and Number)

First Place & Chase St.

5. Full Name of Mother,

Brown

6. Mother's Maiden Name,

Howell

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Wm. Woods

9. Father's Occupation,

Crocker

Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson M.D.

Address,

254 E. Monument Ave.

Remarks.

Age, sex, or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 13 1892

4. Place of Birth, (Street and Number)

137 E. Bay St.

5. Full Name of Mother.

Mattie Phillips

6. Mother's Maiden Name,

Mattie Deane,

7. Mother's Birthplace,

City

8. Full Name of Father,

A. Phillips

9. Father's Occupation,

Driver

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

J. A. Robinson M.D.

Address,

212 Green St.

Remarks,

Accordingly, between the first and third day of each and every month, the practitioner, in the form of a certificate, shall certify to the local health officer the date of each birth, the name of the mother, the sex of the child, and the date of the birth of any child which occurs without the attendance of a physician, or of a practitioner holding a certificate of registration as a midwife, or of any other person so in at all times upon the mother, immediately thereafter it shall then be the duty of the practitioner to file such certificate with the local health officer. In the manner and within the period also required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Health, Baltimore

1. Sex, (state whether male or female)

3. *Date of Birth.*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Recorder, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 17/84.
4. Place of Birth, (Street and Number) 148 N. Sanson St.
5. Full Name of Mother Mary Anderson
6. Mother's Maiden Name Watson
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Henry M. Anderson
9. Father's Occupation Book Binder
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm. B. Bletcher, M.D.
- Address 205 1/2 Biddle St.
- Remarks _____

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health to attend in the delivery of children, or if any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth, Jan 18 1884

4. Place of Birth, (Street and Number) 312 N. Eutaw

5. Full Name of Mother, Anna Barber

6. Mother's Maiden Name, " Whaley

7. Mother's Birthplace, Md

8. Full Name of Father, Leonard Barber

9. Father's Occupation, Col. B. & O. R.R.

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Dr. Lane J. J. J. J.

Address, 219 Madison Ave

Remarks, Instruments: chloroform: child living

certificate, between the first and third day of each and every month in the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person so in attendance, the mother or the child shall be liable to a fine of five dollars, and if the child shall die, the mother or the child shall be liable to a fine of ten dollars, and if the child shall die within this period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be convicted of such offense, to be recovered as above fine and penalties are recoverable to a fine of ten dollars for each offense, to be recovered as above fine and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

68777
Dix (6)
Female
White
January 18/84
140 E. Greene St.
Margie Dermot
u
Ireland
Martin Dermot
Cabinet Maker
Hb Germany
Jno. D. Blackman

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan'y 18 - 1884

4. Place of Birth, (Street and Number)

No 27 Little Mc Elderry St

5. Full Name of Mother,

Emma Cole

6. Mother's Maiden Name,

Emma Hirst

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Chas W Cole

9. Father's Occupation,

Laborer

Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this Return

Daniel J. Meyer M.D

Address.

192 Disquith St

Remarks.

City

of the parents, and the maiden name of the mother of such child or children."

certification, is given the first and third day of each and every month to the Board of Health. In case the mother is deceased, the father or other person having the custody of the child, or the person who delivered the child, should be in it at instance upon the mother, immediately after birth, it shall then become the duty of the parent or person having the custody of the child, to report the birth to the Board of Health, in the manner and within the period herein provided, except in the cases of the deaths of infants, children, and persons, who, from any cause, have become insane, idiotic, or otherwise incurably and permanently insane, or who are subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties, and are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth 15.



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 18th 1884.

4. Place of Birth, (Street and Number)

No 19. Barnes St.

5. Full Name of Mother,

Maria Konrad

6. Mother's Maiden Name,

Beran

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Konrad

9. Father's Occupation,

Labor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address, *No 20. Barnes St.*

Remarks,

RETURN OF A BIRTH.

68981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 18th

4. Place of Birth (Street and Number)

#166 Tierce St.

5. Full Name of Mother

Margaret Taylor

6. Mother's Maiden Name

Margaret Warner

7. Mother's Birthplace

Northumberland Co. Pa.

8. Full Name of Father

Robert J. Taylor

9. Father's Occupation

Wagon Driver, W. & A. Co. Patterson St.

10. Father's Birthplace

Northumberland Co. Pa.

Name of Medical Attendant,

or other Person who makes this Return.

Jane Baker

Address

66 Cedar City.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Friday January 18th*

4. Place of Birth, (Street and Number) *Baltimore Gedenhall st*

5. Full Name of Mother, *Bunie Disney*

6. Mother's Maiden Name, *Bunie Herdel*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Washington Disney*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Minch*

Address, *1 Sadowall St*

Remarks,

certificates, between the first and third days of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwife, the mother or other person who should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother or parent of such child to report its birth to the Board of Health, in the manner and within the time prescribed by the Board of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

[illegible]

Baltimore Ci

146

white race).

December 15th

H. S. Washington

Moellie Mason

Hills

Eastern Shore

William Mason

Agents.....

Eastern Shore

Mrs Elizabeth Beth

120 Bank St

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of any other profession, the duty of the parent or parents of such child to report its birth in the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 18th 1884*

4. Place of Birth, (Street and Number) *390 S. Alice Avenue*

5. Full Name of Mother, *Elizabeth Altwater*

6. Mother's Maiden Name, *John*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Joseph Altwater*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Elizabeth S. J.*

Address, *120 Bank St.*

Remarks,

in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time above prescribed, and in the cases of illegitimate children, and of children born to women who have been convicted of such offense, to be recovered as other fines and penalties are recoverable to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, *August Theodore Bichy*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white child*

3. Date of Birth, *January 18th 1884*

4. Place of Birth, (Street and Number) *No 32 Diamond st*

5. Full Name of Mother, *Mollie Bichy*

6. Mother's Maiden Name, *Mollie Reiller*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Charles E. Bichy*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Susan Stanton*

Address, *21st Appeltone St*

Remarks, _____

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65940

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *January 18, 1884*
4. Place of Birth (Street and Number) *Baltimore E. Paca st ch. 249*
5. Full Name of Mother *Henri Annot*
6. Mother's Maiden Name *Henri Schaffer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Max Kropf*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr M. Shaffer*
- Address *114 Ridgely*
- Remarks _____

RETURN OF A BIRTH.

1899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 27

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 18 1884

4. Place of Birth (Street and Number) No South Chester St

5. Full Name of Mother Robert Elin Witherspoon

6. Mother's Maiden Name Robert Elin Bankard

7. Mother's Birthplace Baltimore

8. Full Name of Father James Witherspoon

9. Father's Occupation Ship carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr E Ball

Address No 171 South Chester St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 18. 267 Maryland St. 1884

4. Place of Birth, (Street and Number)

267 Maryland St.

5. Full Name of Mother

Maria Louise Plakiston

6. Mother's Maiden Name

Maria Louise Tambre

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Plakiston

9. Father's Occupation

Bookman

10. Father's Birthplace

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

H. B. Wilson

Address

146 Park Avenue

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person duly qualified by law to practice the art of midwifery, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Births and Deaths within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 18th 1884

4. Place of Birth, (Street and Number)

842 Light St

5. Full Name of Mother,

Minna Volker

6. Mother's Maiden Name,

Horn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gustav Volker

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female) ..

3. Race or Color, (if not of the white race) ..

4. Date of Birth, ..

5. Place of Birth, (Street and Number) ..

6. Full Name of Mother, ..

7. Mother's Maiden Name, ..

8. Mother's Birthplace, ..

9. Full Name of Father, ..

10. Father's Occupation, ..

11. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

3rd
male
white
Jan 18th 84
7 34 W O Hall
Mary A Weiner
" Fangle
Baltimore
John Weiner
Helm Brook
New Jersey
H Nelson M.D.
Baltimore

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Jan. 18 - 1884*
4. Place of Birth (Street and Number) *44 S. E. Eden st*
5. Full Name of Mother *Margareth Bates*
6. Mother's Maiden Name *" Beck*
7. Mother's Birthplace *Balt. Md*
8. Full Name of Father *Wilbur Bates*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balt. Md*
- Name of Medical Attendant, or other Person who makes this return *Dr. Geo. Quack*
- Address *325 E. Patterson st*
- Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance in the birth of the child, the parent or parents of such child shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, except in the cases of the births and deaths of illegitimate children, and within the period above mentioned, shall comply with the provisions of the Act in relation to the registration of births and deaths, and shall cause the child to be recovered as other heirs and persons are required to do.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

S. G. H. DEPARTMENT
JAN 25 1894
BALTIMORE

Little Boy
White Race

Born January 18. 1884.

Baltimore Fleet st. No 25

Mrs. Graff

Mrs. Korman

Born. Haran Darmstadt

Mr. Graff

Labor

Born Haran Darmstadt

Mrs. Miller

1017. West Pratt st city

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 18th 1894.*
4. Place of Birth, (Street and Number) *333 E. Eager St.*
5. Full Name of Mother, *Annie Hartline.*
6. Mother's Maiden Name, *Gardner.*
7. Mother's Birthplace, *Calvert County.*
8. Full Name of Father, *Harry Hartline.*
9. Father's Occupation, *Engineer.*
10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*John H. White, M.D.
342 N. Broadway,*

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 19th

4. Place of Birth, (Street and Number) 156 N. Schroeder St.

5. Full Name of Mother, Mrs. Saml. Wallace

6. Mother's Maiden Name, Miss Miriam Lindell

7. Mother's Birthplace, Ind.

8. Full Name of Father, Saml. Wallace

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other Person who makes this Return

Address, J. H. Hill M.D., S. W. Cor. Edmondson and 28th St.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of the child to the Registrar of Births, in the manner, and within the period, already provided for in this Act, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, which offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth (9)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan'y 19. 1884.*
4. Place of Birth, (Street and Number) *223, N. Bond. St.*
5. Full Name of Mother, *Louise Remmers*
6. Mother's Maiden Name, *" Germersoth*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Remmer. J. Remmers*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*
- Address, *No 20. Barnes St.*
- Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified in the practice of midwifery, or of a person duly qualified in the practice of nursing, or of a person duly qualified in the practice of the duties of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars and shall also be liable to be recovered as other laws and penal laws provide.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~M~~, 2d, ~~M~~, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

January 19, 84.

2. Maryland Ave. 113

Mary Beers

Likar

Bald.

George Beers

John Henry Beers

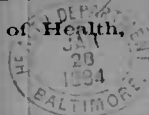
Bald.

Mrs. J. C. Beers

2. Maryland Ave. 113

RETURN OF A BIRTH 69002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th 1884*
4. Place of Birth, (Street and Number) *No 888 W Pratt St*
5. Full Name of Mother, *Annie Ball*
6. Mother's Maiden Name, *Annie F. Dammery*
7. Mother's Birthplace, *Washington D C*
8. Full Name of Father, *Stephen Ball*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Dorchester Va*

Name of Medical Attendant, *J. L. Linnell*
or other Person who makes this Return

Address, *No 827 Lombard St*

Remarks, *16 Pounds*

RETURN OF A BIRTH *69003*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

2nd
female

1. Sex, (state whether male or female)

white

2. Race or Color, (if not of the white race)

3. Date of Birth.

Saturday Jan 19

4. Place of Birth, (Street and Number)

Baltimore Blvd 2, 2nd st

5. Full Name of Mother.

Elmer Jane Schmidt

6. Mother's Maiden Name.

Elmer Jane Kegan

7. Mother's Birthplace.

Baltimore Md

8. Full Name of Father.

Wm Schmidt

9. Father's Occupation.

Painter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Craning

Address,

4060 Parrish St

Remarks,

child died with inwardly sprung

condition, whether still born or not, the full name, nativity, age, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth 19th January 84.
4. Place of Birth (Street and Number) 44 Hampstead St.
5. Full Name of Mother Cassie Penn
6. Mother's Maiden Name Cassie Tawson
7. Mother's Birthplace Westmoreland County Pa.
8. Full Name of Father Edney Penn
9. Father's Occupation Driver
10. Father's Birthplace Westmoreland Co Pa.
- Name of Medical Attendant, or other Person who makes this Return. Thos J. Linnins
- Address 242 E. Broadway
- Remarks This child is born at night the mother and very feeble & small and emaciated.

H
1900.

HEALTH, BALTIMORE
FEB 2 1924
BALTIMORE

Male
White
June 19th 1882
116 Marshall Ave
May E. Phinckard
" " Harrison
Baltimore
Geo W F Phinckard
Surgical Asst Md
Baltimore
Dr Cori N K
"Carver St"

Male BALTIMORE

Other

Large 19th 1884

116 Washington Ave
W. E. Phillips

Mary C. Churchard

284

Geo. F. F. P. P.

Surgical Inst. Mak.

Salvatore

11/11/11

CONTINUED

2. COUNCIL CITY CENTER AND STATIONER.

7907

1, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- penal
later
January 19 1884
No 3 upper alley
Eli Porter
Eli Lewis
Frederick
Fred Lewis
John Shuck
But City
May Chase
Midwife
residence grand and old

certificates, to given the first and third days of each of the next month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person to be in attendance upon the mother, immediately thereafter, if available, shall then become the duty of the parent or person in attendance of such child to report its birth to the Board of Health in the manner, and to the satisfaction of the Board of Health, and the parent or person in attendance of such child shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

[illegible]

HEALTH DEPARTMENT
BALTIMORE
84

506. 4 ITS FRUITED BY A SHEET OF STONE

place of its birth, and the midwife shall be delivered, only signed by the irregularly, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should require the attention of a physician, or of a practitioner of midwifery, the person so attending shall be required to report the birth of such child to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan. 19th 1884*
4. Place of Birth, (Street and Number) *18 Patterson Ave.*
5. Full Name of Mother, *Florence A. Shipley*
6. Mother's Maiden Name, *Warfield*
7. Mother's Birthplace, *Howard Co. Md.*
8. Full Name of Father, *Samuel T. Shipley*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Howard Co. Md.*
- Name of Medical Attendant, or other Person who makes this return *J. W. Christian, M.D.*
- Address, *431 North Av. Cal. WYOMING*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan 19th 1884*

4. Place of Birth, (Street and Number) *242 N Bond*

5. Full Name of Mother, *Mary Elizabeth Lucas*

6. Mother's Maiden Name, *Mary Elizabeth Parnell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Edmund Lucas*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. Threlk*

Address, *47 N Bond*

Remarks, *Normal*



State, as to the physical condition, whether well, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

In case the birth of any child shall occur without the attendance of a physician, or of a licensed midwife, or of a nurse, or of a person authorized by the Board of Health, the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this Act shall be subject to a fine of ten dollars for each offense, to be recovered in other times and penalties, and provisions.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 16, 1884*

4. Place of Birth, (Street and Number) *Joseph St. No. 29*

5. Full Name of Mother, *Maria Dickel*

6. Mother's Maiden Name, *Maria Hermann*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Wilhelm Dickel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bingen, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this Return *May E. Hiddle*

Address, *15 E. Baltimore St. No. 26*

Remarks, _____

place of its birth, and the said certificate shall be delivered, duly signed by the person or persons, in the form of a certificate, to the Registrar of Vital Statistics, within the first month after the birth of the child. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance when the mother, immediately thereafter, it shall then become the duty of the person or persons, who shall be present at the birth of the child, to sign the said certificate, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 19th 1884

4. Place of Birth, (Street and Number)

131 Star Mill

5. Full Name of Mother,

Mary Elizabeth Haywood

6. Mother's Maiden Name,

Snyder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Haywood

9. Father's Occupation,

Machineist

10. Father's Birthplace,

England

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wiley

Address,

4012 Patterson Park Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) Color

4. Date of Birth, Jan 17 1904

5. Place of Birth, (Street and Number) 22 Bolton alley

6. Full Name of Mother, Lizzie Griffin

7. Mother's Maiden Name, Lizzie Northford

8. Mother's Birthplace, Maryland

9. Full Name of Father, William Griffin

10. Father's Occupation, Laborer

11. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return

Address, 37 Walnut alley

Remarks, Good and healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Jan 19 1884*
4. Place of Birth, (Street and Number) *Cedar Row No 6*
5. Full Name of Mother, *Harriett Ann Scott*
6. Mother's Maiden Name, *Harriett Ann Pickardson*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Charles Scott*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return, *Marion Mason*
- Address, *37 Walnut Alley*
- Remarks, *Sound and healthy*

RETURN OF A BIRTH *69016*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 19th 1884

4. Place of Birth, (Street and Number)

226 Fulton ave

5. Full Name of Mother,

Susan Frote

6. Mother's Maiden Name,

" Arey

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Horace Frote

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

18 Howard Co Md

Name of Medical Attendant,

or other Person who makes this Return

McKearnes MD

Address,

411 North & Townsend

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 69017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan 19th 1884*

4. Place of Birth, (Street and Number) *No 7 Gerrard St*

5. Full Name of Mother, *Henriette M Wasdell*

6. Mother's Maiden Name, *" " King*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm Wasdell*

9. Father's Occupation, *Clark*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm H. Warner M.D.*

Address, *For Stocker & Townsend & Co*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mother of 2 Children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Six O'clock AM, Jan: 19 1884

4. Place of Birth, (Street and Number)

34 Cokers Alley

5. Full Name of Mother,

Annie E. Ruston

6. Mother's Maiden Name,

7. Mother's Birthplace,

"Clark County" W. Va.

8. Full Name of Father,

Wm J. Anderson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore, City, Md.

Name of Medical Attendant, or other Person who makes this Return

Mary Chew

Address,

No 36 Cokers Alley

Remarks,

live born and in good physical condition

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

19019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday January 19th 1894

4. Place of Birth, (Street and Number)

No 2 Cole Street Baltimore Md.

5. Full Name of Mother

Mary Jane Schmitt

6. Mother's Maiden Name,

Mary Jane Clemon

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

J. M. Schmitt

9. Father's Occupation,

Painter

Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Mary Schmitt

Address,

No 60 Parson St Baltimore

Remarks,

Mother and child doing well

place of the birth, and the exact date, about ten dollars, and every month, in the case of a
 birth, between the first and third day of each and every month, to the Board of Health. In case the
 birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
 should any other person be in attendance upon the mother, immediately thereafter, it shall then become the
 duty of the person so attending, to report the birth of the child, and the name of the mother, to the Board of
 Health, within the period above specified, except in the cases of the births and deaths of illegitimate children, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

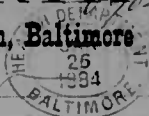
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st

White

19th Jan'y 84

13 Leno St

Mary O'Brien

Heenan

Baltimore Md

Chas O'Brien

Porter

Hanover Germany

Mrs R. Elling

48 Thelwell St

Baltimore

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white race

3. Date of Birth

January, 19th

4. Place of Birth, (Street and Number)

Baltimore 121 Campbell St.

5. Full Name of Mother

Mary C. Cabell

6. Mother's Maiden Name

Salisbury

7. Mother's Birthplace

Canada

8. Full Name of Father

William Cabell

9. Father's Occupation

laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Kalthorn

Address

16 E. 4th Williams St.

Remarks



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to cause a certificate to be made by the attending midwife, or other person or persons, as the case may be, who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Female
White
January 21st 1894
No. 1st & Ocean St.
Anne Howard
Anna Rogers
Baltimore
Frederick Howard
Trainer
Baltimore
H. V. Butt

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, or should any person be present at the birth of the child, and any person or persons who shall be present at the birth of the child, and shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 20th 1884*

4. Place of Birth, (Street and Number) *11 89 E Madison street*

5. Full Name of Mother, *Margaret M. Fultz*

6. Mother's Maiden Name, *Margaret Foyner*

7. Mother's Birthplace, *Richmond*

8. Full Name of Father, *William M. Fultz*

9. Father's Occupation, *Care Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Henry H. H. H.*

Address, *152 E Monument Street*

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug*
4. Place of Birth (Street and Number) *11 Nighthawk St*
5. Full Name of Mother *Ellen Beards*
6. Mother's Maiden Name *Ellen Wells*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Edward F. P. Beards*
9. Father's Occupation *Wagoner*
10. Father's Birthplace *Penna*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. B. Reynolds M.D.*
- Address *171 N. Calvert St.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

9025
BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the Seventh*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January the 20th Twentieth 1884*
4. Place of Birth, (Street and Number) *Gray Alley No 3 Hancock St.*
5. Full Name of Mother, *Chloe Samuels*
6. Mother's Maiden Name, *Chloe Samuels*
7. Mother's Birthplace, *Russia Baltimore*
8. Full Name of Father, *Joseph Samuels*
9. Father's Occupation, *Sales*
10. Father's Birthplace, *New City Russia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs R. Dushman*
- Address, *6 Broad Alley Hancock St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th (Premature at 8 mos)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 20th 82

4. Place of Birth, (Street and Number)

432 Lex. St

5. Full Name of Mother,

Josephine Hackman

6. Mother's Maiden Name,

Barlage

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Lewis Hackman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Thomas O'Neil M.D.

Address,

179 N. Howard St.

Remarks,

certificates, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or the attendance of a midwife, who should not otherwise be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, and to the person, designated by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

69027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 20 Jan 1884
 4. Place of Birth, (Street and Number) 520 Washington Street Baltimore
 5. Full Name of Mother, Jessan Barth
 6. Mother's Maiden Name, Jessan Lindell
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Ant. Edmond Barth
 9. Father's Occupation, Trunk maker
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Miss M. Brown
 Address, Hester Street near Belair A
 Remarks, Baltimore, Md.

RETURN OF A BIRTH.

19028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 20th 1884. 6:30 P.M.
4. Place of Birth (Street and Number) Spring St No 54 Baltimore
5. Full Name of Mother Violet Ann Saxson
6. Mother's Maiden Name Violet Ann Gnaden
7. Mother's Birthplace Baltimore
8. Full Name of Father Randal Saxson
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Groom
- Address 466 North Gay St Bal
- Remarks

Hereafter, stating succinctly the name, sex, date of birth, race or color, the full name, nativity, and residence of the parents, and the maiden condition, whether still born or not, the full name, nativity, and residence of the mother of such child or children.

certificates, between the first and third day of each month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, no person should no other person be at all instances upon the mother; immediately hereafter it shall become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above specified, except in the case of still-borns and deaths of premature children, and in cases where the mother has died, the said certificates shall be submitted to the Board of Health, by the persons so designated. A fine of five dollars shall be levied against each parent who fails to comply with the provisions herein contained.

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

20 Jan.

4. *Place of Birth, (Street and Number)*

Frederick road

5. *Full Name of Mother,*

Mary Greedy

6. *Mother's Maiden Name.*

D. Epith.

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father.*

Edward Greedy

9. *Father's Occupation.*

6. 10. 1911

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Gasper

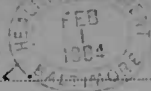
Address.

72. E. Lombard

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 20th.*

4. Place of Birth, (Street and Number) *15 Park St.*

5. Full Name of Mother, *Ann Hunt*

6. Mother's Maiden Name, *Kearney*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Hunt*

9. Father's Occupation, *Labourer*

Father's Birthplace, *New York*

Name of Medical Attendant, *Dr. J. H. Lott*
or other Person who makes this Return

Address, *64 Chestnut St.*

Remarks, *Healthy*

verify, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother immediately thereafter, it shall then become the duty of such person to immediately report the birth of such child to the Board of Health, and to file a return therefor within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, January 20th 1884
4. Place of Birth, (Street and Number) 55 Fountain St
5. Full Name of Mother, Marguertha Liebert
6. Mother's Maiden Name, " Shuman
7. Mother's Birthplace, City
8. Full Name of Father, Bartholomae Liebert
9. Father's Occupation, Cooper
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Betty
- Address, 120 W. Bank St.
- Remarks, _____

certificates between the first and third day of each week, and in case of the birth of any child should occur without the attendance of a physician, the mother should not be present but in attendance upon the mother, immediately thereafter it shall become the duty of the parent or person in charge of such child to report its birth to the Board of Health in the manner, and at the time, and to the place, and to the person designated by the Board of Health. Any person or persons who neglects to comply with the provisions of this act shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not less than ten dollars for each offense, but may be recovered as other fines and penalties are recoverable.

h, Baltimore City

... (c.) } a

11 a/c

January 20th 1884

James Dr.

Eva M. Grady

Stein

Leila

Joseph Morasky

Liquor Dealers

Buche

Mrs Elizabeth Wilz

20 Back b.

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, hereinafter provided, and if any person or persons who shall hereafter fail to comply with the provisions of this law, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 20th 1884*

4. Place of Birth, (Street and Number) *Light St. Bridge*

5. Full Name of Mother, *Mattie E. Dymally*

6. Mother's Maiden Name, *" " Harvey*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John C. Dymally*

9. Father's Occupation, *Engineer at Light Bridge*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. C. Coker M.D.*

Address, *148 N. D. Street*

Remarks, _____



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- 1110000

CITY PRINTERS AND STATIONERS

certificates, between the first and third day of each and every month, to the House of Assembly. It was the duty of each parent or person in charge of such child, to produce the same, and if he failed to do so, he should be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

6705.1
imore City.
21

126. 43TH INFANTRY AND STATIONERS

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

69036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 20 - 84

4. Place of Birth (Street and Number)

159 E Fayette St

5. Full Name of Mother

Annie B.

6. Mother's Maiden Name

Richter

7. Mother's Birthplace

Balto.

8. Full Name of Father

John H. Hellmers

9. Father's Occupation

Cigarmaker

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Horatio M. S.

Address

137 W Fayette St

Remarks

RETURN OF A BIRTH

1903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 20th 1884*
4. Place of Birth, (Street and Number) *42 North Gilmore St*
5. Full Name of Mother, *Mary Matitua Pratt*
6. Mother's Maiden Name, *Jones*
7. Mother's Birthplace, *Annapolis Md*
8. Full Name of Father, *Joshua Columbus Pratt*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Indiana*
- Name of Medical Attendant, *E. H. Luce M.D.*
or other Person who makes this Return.
- Address, *192 North Carey St.*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at a residence upon the mother, immediately thereafter, it shall then become the duty of the person so present to call a physician, or a practitioner of midwifery, to attend upon the mother and child, and if he or she shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Jan. 20th 1884*

4. Place of Birth, (Street and Number) *38 Black*

5. Full Name of Mother, *Eliz. R. Buff*

6. Mother's Maiden Name, *" " Mahoney*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *John P. Buff*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return *J. P. Mustoe*

Address, *14th St. B'nay*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

20th 20th Jan 1884

4. Place of Birth, (Street and Number)

279 N. Mount St

5. Full Name of Mother,

Mary E. Tompkins

6. Mother's Maiden Name,

Mary E. Thomas

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Wm. E. Tompkins

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Wm. Warner, M.D.

Address,

Cor. Market & Townsend St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

69040

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5
1. Sex (state whether Male or Female) Female Child
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 20 1884
4. Place of Birth (Street and Number) 148 Chestnut Street
5. Full Name of Mother Sarah Francis Berry
6. Mother's Maiden Name Sarah F. Johnson
7. Mother's Birthplace Balto City
8. Full Name of Father James Edward Berry
9. Father's Occupation Seaman
10. Father's Birthplace Calvert County
- Name of Medical Attendant, or other Person who makes this Return. Darkey Tomlin
- Address No 21 Chestnut Street
- Remarks

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, and shall neglect to comply with the provisions of this act, he or she shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. In case the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner herein provided, shall be neglected, except in the case of the births and deaths of illegitimate children, and in the case of children born to a woman who is not a resident of this city, the parent or parents shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,



19041
 White Child
 20th January
 North Ave. No. 1
 Mary Rice
 Mary Rice
 Howard County
 Philip Rice
 Baker
 Baltimore City
 Lizzie Skiffing
 Corner Clark Green Street

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17012

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White Race

3. Date of Birth Jan. 20/84

4. Place of Birth, (Street and Number) W. 7th. Heath St.

5. Full Name of Mother Dina. Strick

6. Mother's Maiden Name Weller

7. Mother's Birthplace Prussia, Europe

8. Full Name of Father Geo. A. Strick

9. Father's Occupation Laborer, Wagon

10. Father's Birthplace Balto. Md.

Name of Medical Attendant or other Person who makes this Return. Annie. G. Gump

Address 634. Light. St.

Remarks

certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at a residence when the mother immediately thereafter, it shall then become the duty of the person so present to cause a certificate to be made and returned to the Board of Health, and within the period above specified. Any person who fails to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties relating to recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 First, *1st*
Little
 1884
 BALTIMORE

1. Sex, (state whether male or female)

White Race

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born 20 January 1884.

4. Place of Birth, (Street and Number)

Baltimore Wilhelm at No 88

5. Full Name of Mother,

Mrs. Ganzman

6. Mother's Maiden Name,

Mrs. Ganzman

7. Mother's Birthplace,

Born. Bommersfelder, Germany.

8. Full Name of Father,

Mrs. Volbert.

9. Father's Occupation,

Butcher by trade

10. Father's Birthplace,

Born in Germany.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Miller

Address,

1017 West Pratt st city

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15-4-17
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth July 20 1884
4. Place of Birth, (Street and Number) 828 N Eden St
5. Full Name of Mother Mary J. Getz
6. Mother's Maiden Name Mary J. Burgan
7. Mother's Birthplace Prussia
8. Full Name of Father John M. Getz
9. Father's Occupation Architect
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H. H.
- Address 23 Franklin St
- Remarks _____

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth 20th of January

4. Place of Birth, (Street and Number) # 40 Stoughton St

5. Full Name of Mother Mrs Mary Hoffman

6. Mother's Maiden Name " " Hoffman

7. Mother's Birthplace Germany

8. Full Name of Father Nicholas Hoffman

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address # 7 Tallman Ave

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

6/10/04
BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
 1. Sex, (state whether male or female) _____ by
 2. Race or Color, (if not of the white race) _____ Brown thin
 3. Date of Birth, _____ 20 of January
 4. Place of Birth, (Street and Number) _____ No 60 Shurra Ann Street
 5. Full Name of Mother, _____ Rachel Ann Pratt
 6. Mother's Maiden Name, _____ Rachel Ann Callis
 7. Mother's Birthplace, _____ Frederick County
 8. Full Name of Father, _____ William Henry Pratt
 9. Father's Occupation, _____ Carpenter
 Father's Birthplace, _____ Washington
 Name of Medical Attendant, or other Person who makes this return _____ Fanny Snowden
 Address, _____ No 60 Shurra Ann Street
 Remarks, _____ Not hardy healthy looking child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *January 20th 1884*
4. Place of Birth, (Street and Number) *7 Pierce*
5. Full Name of Mother, *Kellie Joyce*
6. Mother's Maiden Name, *Lee*
7. Mother's Birthplace, *Matthews Co Va*
8. Full Name of Father, *Charles Joyce*
9. Father's Occupation, *Jobber*
10. Father's Birthplace, *Fredricks Md*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or of a midwife, or should any other person be in at or near the birth, it shall be deemed to be a violation of the law, and the person so doing shall be liable to a fine of ten dollars, which shall be recoverable. If within the period above required, except in the case of the birth and death of a child, any person or persons shall be liable to a fine of ten dollars, which shall be recoverable.

RETURN OF A BIRTH

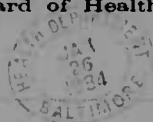
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male collard.
2. Race or Color, (if not of the white race) Janney 20 1884
3. Date of Birth, ...
4. Place of Birth, (Street and Number) 292 Hoffman st
5. Full Name of Mother, Annie Preston
6. Mother's Maiden Name, Annie Jordan
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, Abram Preston Baltimore County Md
9. Father's Occupation, laborer
10. Father's Birthplace, Balt County Md
- Name of Medical Attendant, or other Person who makes this Return Sarah Perittton
- Address, No 120 Tyson st
- Remarks, No Remarks

RETURN OF A BIRTH 69049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 20

4. Place of Birth, (Street and Number) Orchard Street, 101.

5. Full Name of Mother, Sarah W. Moor

6. Mother's Maiden Name, Sarah W. Smothers

7. Mother's Birthplace, Freddie County

8. Full Name of Father, William Henry Moore

9. Father's Occupation, Service British Navy

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return

Sarah Smothers

Address,

101 Orchard Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

69050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Jan 21 - 94*
4. Place of Birth, (Street and Number) *693 Saratoga St*
5. Full Name of Mother, *L. Bull*
6. Mother's Maiden Name, *Louy Nelson*
7. Mother's Birthplace, *E S Va*
8. Full Name of Father, *Nelson Bull*
9. Father's Occupation, *Porter*
- Father's Birthplace, *E S Va*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mr Amcorm sh.
34 Boyd St.

certification, between the first and third day of each and every month, to the Board of Health. In case the physician, midwife, or other person, without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above prescribed. Any person who shall neglect or refuse to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st Jan. 1884.

4. Place of Birth, (Street and Number)

No. 231 Broadway, Baltimore

5. Full Name of Mother,

Salina Caroline Sillocks

6. Mother's Maiden Name,

Salina Caroline Hoffman

7. Mother's Birthplace,

Stamun, Prussia

8. Full Name of Father,

Peter William Sillocks

9. Father's Occupation,

Salter

10. Father's Birthplace,

Northampton, England

Name of Medical Attendant, or other Person who makes this Return

Wm. Smith

Address,

No. 60 N. Broadway St.

Remarks,



RETURN OF A BIRTH, 1903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 24/84

4. Place of Birth, (Street and Number)

78 S. High St.

5. Full Name of Mother

Mary Callaghan

6. Mother's Maiden Name

Cleary

7. Mother's Birthplace

Ireland

8. Full Name of Father

Samuel Callaghan

9. Father's Occupation

Porter

Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return.

Arthur R. M. Davis

Address

84 Avenue St

Remarks

within six days thereafter, signing, and filing the same of birth, sex, and color of the child of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

Oct 21st 1903

4. Place of Birth (Street and Number)

1105 North Dullards St

5. Full Name of Mother

Sophia Stensburg

6. Mother's Maiden Name

Sophia Perry

7. Mother's Birthplace

Cambridge, Massachusetts

8. Full Name of Father

William M. Stensburg

9. Father's Occupation

Steam boat

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Agnes D. Anderson

Address

No 122 North St. Mary

Remarks

RETURN OF A BIRTH *69055*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *21 of Jan 1884*

4. Place of Birth, (Street and Number) *Livingston St No 156*

5. Full Name of Mother, *Emma Jett*

6. Mother's Maiden Name, *Emma Atkinson*

7. Mother's Birthplace, *Troy York*

8. Full Name of Father, *Jacob Jett*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *L. Somerville*

Address, *Columbia Ave*

Remarks,



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *67056*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan'y 21

4. Place of Birth, (Street and Number)

Eutan. St.

5. Full Name of Mother,

Mary Sebring

6. Mother's Maiden Name,

Balt.

7. Mother's Birthplace,

8. Full Name of Father,

Frank Sebring

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Dr. M. Wilson

Address,

207 Madison Ave.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 21. 1884
4. Place of Birth (Street and Number) 159 N. Calhoun St.
5. Full Name of Mother Mary C. Zeller
6. Mother's Maiden Name Mary C. Wilbiller
7. Mother's Birthplace E. S. Maryland
8. Full Name of Father John C. Zeller
9. Father's Occupation Dairyman
10. Father's Birthplace Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return. C. A. Holbrook, M.D.
- Address 185 N. Carey St.
- Remarks

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance at such birth; and if thereafter it shall then become the duty of the parent or parents of such child to report its birth to the health officer of the city within the period above required, except in the cases of the births and deaths of children born alive and born dead, who are reported by the mother and her attendant, and in which case the mother and her attendant shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Health, Baltimore City.

cc.) *Th. ...* = 1884
BALTIMORE

Female

W. B. Smith

Jan 21st 1884

er) No. 513. Hollow st

Jessima Carey

11. " *Antio*
Antio

White ground, Md.

Thomas - Carthy
M. Edward - Carthy

Shoulder at Throat Clear
Ball to Center and

Other Person who makes this Return. *John J. [Signature]*

36 Friedrich *gpc.*

discute *Enla-nam* *Enigir*

Very delicate *Trilob. name Virginia Mary*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, immediately thereafter it shall then become the duty of the parent or parents, or such other persons as shall be present at the birth, to cause the child to be baptized, except in the cases of the birth and death of the same, and within the period above required, a true and correct record of the birth and baptism shall be entered in a book to be kept by the minister of the gospel, and such record shall be subject to a view of all persons.

1770.54
Baltimore City.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *White*

3. Date of Birth,.... 21th of January

4. Place of Birth. (Street and Number) 246 S. Stark St.

5. Full Name of Mother, Harrie Pauli

6. Mother's Maiden Name, Barrie Kuster

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, John Pauli

9. Father's Occupation. *Barnit macker*

0. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Barry M. King*

Address, ... *1400 Broadway*

Remarks.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8th

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Jan 21*
4. Place of Birth, (Street and Number) *158 Welcome ave*
5. Full Name of Mother, *Sarah Saacs*
6. Mother's Maiden Name, *Elio*
7. Mother's Birthplace, *MoA*
8. Full Name of Father, *Isaac Saacs* *James*
9. Father's Occupation, *✓ Painter*
10. Father's Birthplace, *MoA*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks.

Margaret Gray
J. Welcome Gray

RETURN OF A BIRTH 69061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth (2nd)
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 21st 1884

4. Place of Birth, (Street and Number)

Harford Ave near Chase St
Margaret Johnson Nicholson

5. Full Name of Mother,

6. Mother's Maiden Name,

" " Logan
Cecil Co Ind

7. Mother's Birthplace,

8. Full Name of Father,

James Alexander Kennedy Nicholson
Tail Maker

9. Father's Occupation,

10. Father's Birthplace,

Baltimore Ind

Name of Medical Attendant, or other Person who makes this Return

Regina A Winkler

Address,

186 Harford Ave

Remarks,

Each of any child shall receive without the attendance of a physician, or of a registered midwife, or of any other person, the assistance of a physician, or of a registered midwife, or of any other person, should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this act shall be deemed to be in violation of the law, and shall be liable to a fine of ten dollars, or to imprisonment for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 1884*
4. Place of Birth, (Street and Number) *Balto Duncan ally No 55*
5. Full Name of Mother, *Mary Peterik*
6. Mother's Maiden Name, *M. Kaspish*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Fr. Peterik*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kospish*
- Address, *69 N. Washington st*
- Remarks, *Mary Kospish*

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person duly qualified in the practice of midwifery, the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense; to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 21, 1884

4. Place of Birth, (Street and Number)

W. Thappel St. 19, 156

5. Full Name of Mother,

Margaretha Baier

6. Mother's Maiden Name,

Margaretha Hall

7. Mother's Birthplace,

Leugersdorf, Prussia, Germany

8. Full Name of Father,

Georg Baier

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Häthberg, Prussia, Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Müller

Address,

W. Gallat St. 1226

Remarks,

dear born

certificates, between the first and third day of each and every month to the Board of Health. In case, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified to receive the child, the parent or persons having the custody of the child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Corked*
3. Date of Birth. *January 27 1884*
4. Place of Birth, (Street and Number) *St 6 former Row*
5. Full Name of Mother, *Andaia Jackson*
6. Mother's Maiden Name, *Andaia Lissom*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Charles Daniels*
9. Father's Occupation, *Oyster Shucker*
10. Father's Birthplace, *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return *Mary Ann Richards*
- Address, *No 212 Dover St City*
- Remarks, _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 21st 1884

4. Place of Birth (Street and Number)

5 Lane St

5. Full Name of Mother

Mary Hodges Ridgely

6. Mother's Maiden Name

Mary Fisher

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph C. Ridgely

9. Father's Occupation

Merchant

10. Father's Birthplace

St Louis

Name of Medical Attendant, or other Person who makes this Return.

George S. Farnam

Address

57 W. Fayette St

Remarks

Persons attending the birth of a child, and who are not duly licensed, shall be delivered, daily signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 21st 1884*

4. Place of Birth, (Street and Number) *16 Bethel St.*

5. Full Name of Mother, *Marie Bollinger*

6. Mother's Maiden Name, *Marie Pullen*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Geo. C. Bollinger*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*

Address, *No. 37 S. Wolfe St.*

Remarks, *C. J. C.*

RECEIVED
JAN 22 1884
BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

69068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 21st / 84

4. Place of Birth, (Street and Number)

No. 10

~~Bridget Moran~~ Hemmings

5. Full Name of Mother,

Bridget Moran

6. Mother's Maiden Name,

Bridget Moran

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

John Moran

9. Father's Occupation,

Laborer

Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Hemmings

Address,

No 95th Albemarle St

Remarks,

(City)

Place of the Birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, husband or person who delivered the child, the person so delivered shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) _____

Date of Birth, June 21st 1884

Place of Birth, (Street and Number) No. 277, Cross St.

Full Name of Mother, Elise Gertz

Mother's Maiden Name, Welen

Mother's Birthplace, America

Full Name of Father, George Gertz

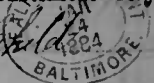
Father's Occupation, Labourer

Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwamer midwife

Address, 330 Hanover St

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(4) fourth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 21 - 1884*

4. Place of Birth, (Street and Number) *62 Camden street*

5. Full Name of Mother, *Emma Volkman*

6. Mother's Maiden Name, *Emma Cogswell*

7. Mother's Birthplace, *Alexandria, Va.*

8. Full Name of Father, *Henry Volkman*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Dr. Kunigundt Schliefer*

Address, *20 Columbia St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

certification between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents or any person or persons who shall be present at the birth of such child to report to the Board of Health, in the manner and within the time provided for in the regulations of the Board of Health, and any person or persons who shall be present at the birth of such child and who shall not so report shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st January 1894*
4. Place of Birth, (Street and Number) *No 146 West St*
5. Full Name of Mother, *Barbra Ruppert*
6. Mother's Maiden Name, *Barbra Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Ruppert*
9. Father's Occupation, *Salmon*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Sabine Brustaker*
- Address, *No 125 W. N. St*
- Remarks,

certificate, between the first and third day of each and every month, in the form of a birth of any child shall occur without the attendance of a physician, or of a duly qualified person to be in attendance upon the mother, immediately thereafter, within the period of one day of the birth of such child to report to birth to the board of health, in the case of a female, to comply with the provisions of the section shall be subject to a fine of ten dollars and such offense, to be recovered, no other fines and penalties are available.

Health, Baltimore City

Quincy

- Name of Medical Attendant, or other Person who makes this Return Susan Hunter
Address 21 N. Poppleton St.
Remarks

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, the person attending the birth, in the manner and within the period above provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment, or to both, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 21st 1884

4. Place of Birth, (Street and Number)

1184 Pine St.

5. Full Name of Mother,

6. Mother's Maiden Name,

Laura Catharine Lumbright

7. Mother's Birthplace,

Fredrick City Md.

8. Full Name of Father,

John Michael Poppe

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Susan Sluiter

Address,

2100 Poppleton St.

Remarks,

should not, either person be in at variance upon the author, immutably thereafter, it shall then become the property of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and many people are persons who shall hereafter fail to comply with the provisions of the section that shall be subject to such offence, to be recovered as other fines and penalties shall appear to be payable.

Baltimore City.

4th

male

Colored

January 22^d 1884

2 Barr Court near Jordan alley

Rebecca Taylor

Maryland

Robert Grant

Oyster Shucker

Hudsonville Ohio

Hester Bolance

or other Person who
makes this Return

39. Lullal movement

born, is or has physical condition, whether still born or not, the full name, nativity, age, residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

69076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28 / 1884
4. Place of Birth, (Street and Number) No 118 Lemon Co
5. Full Name of Mother, Cari Thailand
6. Mother's Maiden Name, Cari Frier
7. Mother's Birthplace, Pensacola
8. Full Name of Father, Charles Thailand
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return J. J. J. J.

Address,

Remarks,

In case the birth of any child shall be attended by any person, or of a practitioner of midwifery, or of any other person, who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person attending the birth of such child to report its birth to the Board of Health, in the manner and within the time and under the penalty hereinafter provided, and such failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines are recovered, and such offender shall be liable to a penalty not recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 birth*

1. Sex, (state whether male or female) *Co.*

2. Race or Color, (if not of the white race) *Wheat*

3. Date of Birth, *22 January*

4. Place of Birth, (Street and Number) *W 4th St. No. 11*

5. Full Name of Mother, *Margareta Bennett*

6. Mother's Maiden Name, *Hoffmann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert Bennett*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Maurel*

Address, *Leinhard St. No. 28*

Remarks, *Leinhard St. No. 28*



ordinarily, on the first and third day of each of every month, in the Bureau of Health. In case the birth of any child shall occur without the attendance of a physician, or of a first-ditcher of midwifery, no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the release of the child from the hospital, and the child and his or her attendant shall be subject to the same examination as other children, and shall be subject to the same penalties as other children who are recoverable from any venereal disease.

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JAN 30 1884" is stamped in three lines.

- 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 26

RETURN OF A BIRTH

19081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

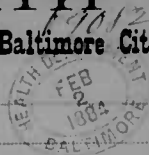
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First,*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White,*
3. Date of Birth, *Jan. 22^d; 9:23 a.m.*
4. Place of Birth, (Street and Number) *No 831 W. Pratt St.*
5. Full Name of Mother, *Virginia Plambeck.*
6. Mother's Maiden Name, *La' Row.*
7. Mother's Birthplace, *Balto. City.*
8. Full Name of Father, *William Plambeck.*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Balto. City.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. L. L. L. L.*
- Address, *Cor. Columbia Ave. & Remont St.*
- Remarks, *Child in good physical condition, & living*

In case the certificate, between the first and third day of each and every month in the Board of Health, in case the birth of any child shall occur without the attendance of a physician or a practitioner of medicine, the mother or the father of such child to report its birth in the manner, and within the period allowed, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 22nd 1884*
4. Place of Birth, (Street and Number) *1021 N. Gay St.*
5. Full Name of Mother, *Jessie Eigenbrodt*
6. Mother's Maiden Name, *Becker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry C. Eigenbrodt*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *S. W. Seldner M. D.*
- Address, *S. E. Corner of Carroll & Caroline Sts.*
- Remarks, *Full name added by mother.*
Jessie Eigenbrodt Becker



P. W. H. - Reg.
Aug. 5-1907

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the mother or other person in and for whom child is born, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st
Female
White
Jan'y 22nd 1884
146 S. Charles St.
Susan L. Brown
" " " " " " " " " " " "
W. H. C.
Early St. Brown
Merchant
Caretaker
Wm. H. C. (Caretaker)
146 S. Charles St.

In case the certificate is given, the first and third fee of each and every month to the Board of Health, and the second fee of each and every month to the Board of Health, shall be paid by the parent or person who shall not be held responsible for the child, except in the case of the birth and death of legitimate children, and in the case of illegitimate children, and in the case of children who are subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd* *Jan. 25th 1884.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 22nd 1884.*

4. Place of Birth, (Street and Number) *91. Chapple St.*

5. Full Name of Mother *Annie Mueller*

6. Mother's Maiden Name, *Annie Thompson*

7. Mother's Birthplace, *Germany*

8. Full Name of Father *Michael Mueller*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant,

or other Person who
takes the Return

Mrs. Mary Arnold

Address, *No. 137 S. Wolfe St.*

Remarks, *OK*



[illegible]

TH
1908
timore City

10. *Father's Birthplace,* *Oxford, Md.*

Remarks. ... Remarks

place of its birth, and the said certificate must be witnessed, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the issuance of a duly signed certificate, the practitioner shall be liable to a fine of ten dollars for each offense, except in the case of the birth of a child to a mother who has been previously certified, in which case the practitioner shall be liable to a fine of five dollars for each offense. In case of the birth of a child to a mother who has been previously certified, in which case the practitioner shall be liable to a fine of five dollars for each offense, except in the case of the birth of a child to a mother who has been previously certified, in which case the practitioner shall be liable to a fine of five dollars for each offense.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



English

Female

White

January 25 1884

No. 877, North St.

Mrs. Mary Anne

Mary Anne

England

W. W. W. W.

Laborer

England

W. W. W. W.

No. 877, North St.

It is the duty of the parent or guardian to report the birth of every child to the Board of Health, within the first month after its birth, and to cause the same to be registered in the birth record. In case the parent or guardian fails to do so, he or she shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18th Dec 1884*

4. Place of Birth, (Street and Number) *Jan 22 1884*

5. Full Name of Mother, *Barbara Starker*

6. Mother's Maiden Name, *Starker*

7. Mother's Birthplace, *Balt. Md*

8. Full Name of Father, *How Starker*

9. Father's Occupation, *cigar maker*

10. Father's Birthplace, *on the ocean*

Name of Medical Attendant, or other person who makes this Return *Mrs Rose Altig*

Address, *48 Holland St*

Remarks, *Balt. Md*



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, the person so attending shall be liable to a fine of ten dollars, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 January 1894

4. Place of Birth, (Street and Number)

No 130 West St

5. Full Name of Mother,

Carrie Hall

6. Mother's Maiden Name,

Carrie Fellen

7. Mother's Birthplace,

Bairn

8. Full Name of Father,

Paul Hall

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Bairn

Name of Medical Attendant,

or other Person who makes this Return

Adelina Gruchabas

Address,

No 128 West St

Remarks,

[illegible]

HEALTH DEPARTMENT
FEB 18 1884
BALTIMORE.

2nd

- Name of Medical Attendant, or other Person who makes this Return Mrs. C. Dunsen
Address, 1135 Lomb St.

Remarks. _____

[illegible]

SEP 19 1904
BALTIMORE

- #### 4. SITE EXISTENCE AND STATIONERS

RETURN OF A BIRTH, 6709-3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth,

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 22/84.

4. Place of Birth, (Street and Number)

287 Angell Ave.

5. Full Name of Mother

Emma H. Strong

6. Mother's Maiden Name

Jackson

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Geo. W. Strong

9. Father's Occupation

N. S. Letter Carrier

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

N. H. Zetterhaff M.D.

Address

205 W. Redick St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 22nd 1884

4. Place of Birth, (Street and Number) 294 N Mount St

5. Full Name of Mother, Anna A. Hinton

6. Mother's Maiden Name, " " Croswell

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Hinton

9. Father's Occupation, Sea Captain

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Chas Warner M.D.
Cor. Smoke & Townsend Sts

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Clara Edna Dansey 1st

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 23^d 1884

4. Place of Birth (Street and Number)

103 S. Sharp St.

5. Full Name of Mother

Clara J. Dansey

6. Mother's Maiden Name

Clara J. Edwards

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Hercules Dansey

9. Father's Occupation

Bell. Messenger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. L. Barclay M.D.

Address

47. Conway St.

Remarks

GIVEN NAME ADDED 8-11-53

L M



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father, or of the mother, or of any other person who may be present, to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, and if he or she shall neglect or fail to do so, he or she shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 23/84 # 9. Till St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Emma Barbani

6. Mother's Maiden Name,

Polepi

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Robert Barbani

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Mrs Louis Kraft

Address,

Remarks,

Duplicate



In case the certificate, between the first and third day of each and every month, to the Board of Health. If any child should be born of any child should be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in charge of such child to report in writing to the Board of Health, in the manner, and to the effect, prescribed in the regulations of the Board of Health, and in the event of failure to do so, the parent or person in charge of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Boys
Mighe

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 January, 1884

4. Place of Birth, (Street and Number)

No 35 Paul & Street

5. Full Name of Mother,

Augusta Albert

6. Mother's Maiden Name,

Augusta Gleischman

7. Mother's Birthplace,

Freiburg, Baden, Germany

8. Full Name of Father,

Joseph Anton Albert

9. Father's Occupation,

Teacher - Father

10. Father's Birthplace,

Freiburg, Baden & Germania

Name of Medical Attendant, or other Person who makes this Return

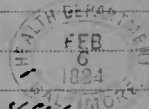
Misses Mueller

Address,

No 35 Paul & Street

Remarks,

No 60 Nord Schroeder & Street



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

2. Sex, (state whether male or female) *female*

3. Race or Color, (if not of the white race) *Colored*

4. Date of Birth, *Jan 23rd*

5. Place of Birth, (Street and Number) *No 3. Rise St*

6. Full Name of Mother, *Ella Norris*

7. Mother's Maiden Name, *Ella Harper*

8. Mother's Birthplace, *Baltimore Co*

9. Full Name of Father, *George Harper*

10. Father's Occupation, *laborer*

11. Father's Birthplace, *Newark Pa*

Name of Medical Attendant, or other Person who makes this Return *M^{rs} M. Blake*

Address, *No 53 Carlton St*

Remarks, *Healthy*

[illegible]

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "FEB 4 1884" is stamped in three lines.

- CITY EMBLEM AND STATUENKERS

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *January 23rd 1884*
4. Place of Birth (Street and Number) *34 Douglas, Co. Ford*
5. Full Name of Mother *Virginia O'Brien*
6. Mother's Maiden Name *Virginia O'Brien*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James O'Brien*
9. Father's Occupation *Oyster buyer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. B. Reynolds (M.D.)*
- Address *171 N. Calvert St*
- Remarks

between the first and third day of each and every month to the Board of Health. In case the birth of a child shall be reported without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time for persons so required to report, and the parent or parents failing to do so shall be subject to a fine of ten dollars, which offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
JUN 23 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd. Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 23rd. 6³⁵ P.M. 1884*

4. Place of Birth, (Street and Number) *117 E Baltimore St*

5. Full Name of Mother, *Mary Elizabeth Harrison*

6. Mother's Maiden Name, *M. E. McKeeny*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Joseph Henry Harrison*

9. Father's Occupation, *High Adams Express Co.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *249 E Baltimore St*

Remarks,

James E. Armistead M.D.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 23: 84*
4. Place of Birth, (Street and Number) *238 N. Stricker st*
5. Full Name of Mother, *Lizzie Callaway*
6. Mother's Maiden Name, *" Busch*
7. Mother's Birthplace, *Bellefonte, Pa*
8. Full Name of Father, *Charles M. Callaway*
9. Father's Occupation, *Traveling Salesman*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Williams*
- Address, *201 Madison Ave*
- Remarks,

certification, between the first and third day of each and every month, to the Registrar of Births, or the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in either instance be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person having the custody of the child, to cause the birth to be duly recorded in the manner and within the period above specified, except in the case of still-born children, in which case the recording shall be made by any person or persons authorized by the Registrar, and such failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 23rd, 1884.

4. Place of Birth, (Street and Number)

No 654 Light st.

5. Full Name of Mother,

Gertrude Butler

6. Mother's Maiden Name,

Gertrude Dedier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm Butler

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Catharine Hornung

Address,

No 18 Byrd st.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



69104

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 23rd January 1884

4. Place of Birth (Street and Number)

St Boni St 1342

5. Full Name of Mother

Elisabet Kaspar

6. Mother's Maiden Name

Elisabet Miller

7. Mother's Birthplace

Germany

8. Full Name of Father

Frederick Miller

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

W. H. Kohn

Address

1000 N. E. St. W. Kohn Harbin and Libman

Remarks

Full Name Jan 28th 1884

birth of any child shall occur without the attendance of a physician, or of a midwife, or of any other person to be in at and to receive the child, and to report the same to the Board of Health, in the manner, and at the time, and to the person, who shall be appointed by the Board of Health, for that purpose, and who shall be authorized to make such regulations as may be necessary to carry out the provisions of this act, and to enforce the same, and to punish any person or persons who shall be found guilty of any offense under this act, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23. January*
4. Place of Birth, (Street and Number) *188, Washington St.*
5. Full Name of Mother, *Louisa Born*
6. Mother's Maiden Name, *Louisa Haines*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edwin Barley Born*
9. Father's Occupation, *House Doctor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Gray*
- Address, *No 193, Chestnut*
- Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

67106

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Children

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

January 23rd 1884

4. Place of Birth, (Street and Number)

357 North Mount Street

5. Full Name of Mother

Janie E. Pindell

6. Mother's Maiden Name

Janie E. Johnston

7. Mother's Birthplace

Baltimore City, Maryland

8. Full Name of Father

Clarence A. Pindell

9. Father's Occupation

Builder

10. Father's Birthplace

Howard County, Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. K. Carroll

Address

No. 7. Patterson Av.

Remarks

[illegible]

11
09107

Second

Male

White

23rd January

541. W Saratoga St

Mary. Sheet

Alfred Wilson

Baltimore, Maryland

Daniel Scheib

Shot Cutter

Baltimore Maryland

or other Person who
makes this Return

2) 1° *Patrușel* in

21 of Papperton sc

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certification, whenever the first and second day of each first week month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, provided for in this act, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars, or each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 23 1894

4. Place of Birth, (Street and Number) Bay View Hotel and Apartment 11

5. Full Name of Mother, Annie Carlton

6. Mother's Maiden Name, Annie Wright

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edwards Carlton

9. Father's Occupation, Hotel Prop

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James H. Cunningham

Address, 577 N. E. St.

Remarks,

11-9-51
CERTIFICATE CORRECTED
RETURN OF A BIRTH.

69109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: John Gordon

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth

December January the 23-1881

4. Place of Birth (Street and Number) *No 49 of Ford St*

5. Full Name of Mother

Mary Mollock

6. Mother's Maiden Name

Mary (Gordon) Gordon

7. Mother's Birthplace

Dorchester Co. Md.

8. Full Name of Father

John (Gordon) Gordon

9. Father's Occupation

Oyster shucker

10. Father's Birthplace

Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Jane Baker

Address

No 66 Under ally

Remarks

Mid. Wife

of the parents, and the maiden name of the mother of such child or children

[illegible]

HEALTH DEPT. BALTIMORE
FEB 1 1884
BALTIMORE.

- CITY PRINTERS AND STATIONERS.

In case the child is born dead, the physician or other person who is present at the birth, or the mother, immediately thereupon, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this article shall be liable to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23 Jan.

4. Place of Birth, (Street and Number) 13 Bank

5. Full Name of Mother, Lizzie Regel

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Regel

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4)
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 23rd 1881

4. Place of Birth, (Street and Number)

210 E. Chase St.

5. Full Name of Mother.

Mary Carey

6. Mother's Maiden Name,

" Trinn

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

James Carey

9. Father's Occupation,

Laborer

10. Father's Birthplace.

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Regina M. Wimper

Address,

186 Hartford Ave.

Remarks.

1971-2-1

[illegible]

21 DEC 1944
J. Edgar Hoover
FBI
BALTIMORE

Jan 23 - 1884

141 West 14

Henry Livingston

2. American

Frank Livingston

Chirca pakur

Camilla

Lobocaster midwife

530 Kanawha St.

or other Person who
makes this Return

[illegible]

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of surgery, or of a midwife, or of any other person, shall be deemed to be a violation of the provisions of this act, and the person so violating shall be liable to a fine of not less than five dollars, nor more than ten dollars, for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child
Female
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 23 ed 1884

4. Place of Birth, (Street and Number)

35 Haro st.

5. Full Name of Mother,

Dora Hausmann

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

America

8. Full Name of Father,

Jacob Hausmann

9. Father's Occupation,

Drayman

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwaner midwife

Address,

330 Haro st.

Remarks,

Every person who is present at the birth of a child shall, without the attendance of a physician, or of a practitioner of midwifery, or
 should no other person be in at the time, immediately thereafter, if he or she then becomes the father or mother, or the
 duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and
 within the time prescribed by the regulations of the Board of Health, and if he or she fails to do so, he or she shall be liable to a
 fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the
 court. Every person who is present at the birth of a child, and who is not the father or mother of such child, shall be liable to a
 fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the
 court. Every person who is present at the birth of a child, and who is not the father or mother of such child, shall be liable to a
 fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the
 court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

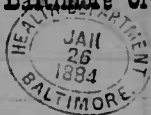
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Second
 Female
 White

January 3rd 1894
 No 65 Burke St.
 Mrs. Peter C. Green
 Mrs. Rosa Green
 Baltimore City
 Jacob Green
 Doctor
 Baltimore
 Dr. Rachel V. Pratt
 No 65 Burke St.

[illegible]

PAID
JAN 24 1884
BALTIMORE

3rd King
Madison

Madison

Heig³

Geboren den 23ten Januar

er) *S.* 328. Band. Hr.

Mary Welch

Marg Krim

Baltimore

Lehmann Walster

Dinner

Baltimore

Friederike Kaufmann

Dollars \$

The Commerce

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Jan 23d 84

5. Place of Birth, (Street and Number)

146 Cathedral st.

6. Full Name of Mother,

Ella Burke

7. Mother's Maiden Name,

Burke

8. Mother's Birthplace,

Cumbersland Ind

9. Full Name of Father,

J. A. Burke

10. Father's Occupation,

Lin. Iron Worker

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. D. Booker, M.D.

Address,

157 Park Ave.

Remarks,

any person or persons who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 28th 1884*

4. Place of Birth, (Street and Number) *No 116, E. Lombard St*

5. Full Name of Mother, *Mrs. Eda Weiler*

6. Mother's Maiden Name, *Stellan*

7. Mother's Birthplace, *Switzerland*

8. Full Name of Father, *Henry Weiler*

9. Father's Occupation, *Sail Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. York*

Address, *No 116 E Lombard St*

Remarks, _____

RETURN OF A BIRTH

1912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 23rd 1884

4. Place of Birth, (Street and Number)

1 Liberty Road

5. Full Name of Mother,

Jennie Hall

6. Mother's Maiden Name,

Bell

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edward Hall

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Lehon Stadler M.D.

Address,

565 Union Hill

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period hereinafter required, except in the cases of stillbirths and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars, or to a term of imprisonment not exceeding thirty days, or to both such fine and term of imprisonment.

GIVEN NAME ADDED 9-18-36

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mathie Albright
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 24th 1884*
4. Place of Birth, (Street and Number) *210 Chestnut St.*
5. Full Name of Mother, *Mary Albright*
6. Mother's Maiden Name, *Martha Nefford*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ernest Albright*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *H. A. Bull*

Address, *185 J. E. Co. Cont'd. on 8th & Howard St.*

Remarks, *All Well*



RETURN OF A BIRTH,

69123

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

2d January

4. Place of Birth, (Street and Number)

24 Heath St

5. Full Name of Mother

Lena Woodard

6. Mother's Maiden Name

Lena Bruchy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Woodard

9. Father's Occupation

labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs E. Connelson

Address

10 Barney St

Remarks

Mother and child doing well

RETURN OF A BIRTH 69120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jun 24 90

4. Place of Birth, (Street and Number) 422 W Carey St

5. Full Name of Mother, Mrs. W. S. Meryman

6. Mother's Maiden Name, Maggie L. Freeman

7. Mother's Birthplace, Md.

8. Full Name of Father, W. S. Meryman

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Md.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

1st Female

Jan 24/1884

46 Mc Elderry St

Gurji M Chulley - Bond

Balto

Henry M Chulley -

monk

Balto

Admrs P M Dwyer

57 Arisynth St

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person who shall have the charge of the child, shall report its birth to the Board of Health, in the manner, and within the period above stated, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of an offence, and be liable to be prosecuted as other laws and penalties so respectively.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 24 to 1884

4. Place of Birth, (Street and Number)

Madison St. betn Eden & Spring

5. Full Name of Mother,

Fannie Beccia Browder

6. Mother's Maiden Name,

Fowler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Everett Browder

9. Father's Occupation,

plumber & gas fitter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah R Series

Address,

113 South Eden St

Remarks,

Child name Charles Everett

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 5 1884
BALTIMORE

1912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 24th 1884

4. Place of Birth (Street and Number)

71 Bairen St.

5. Full Name of Mother

Amie Dolaw.

6. Mother's Maiden Name

Amie Langdon.

7. Mother's Birthplace

Md.

8. Full Name of Father

Daniel Dolaw.

9. Father's Occupation

Labors

10. Father's Birthplace

Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Leach

Address

128 Park Av.

Remarks

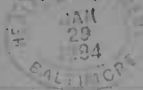
Lab. natural. Velv. presentation.

Duration 6 hours

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, etc.) 12th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 24th 1884

4. Place of Birth, (Street and Number) No 161 Bating Br

5. Full Name of Mother, Caroline McCully

6. Mother's Maiden Name, Caroline Eckart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William McCully

9. Father's Occupation, Boiler Maker

● Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Blys St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Fred B. Beauchamp

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 10th 1884

4. Place of Birth, (Street and Number)

242 Mulberry St.

5. Full Name of Mother,

Jennie Beauchamp

6. Mother's Maiden Name,

Bond

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Beauchamp

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Silas H. Hunter M.D.

Address,

36 Greenmount Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Write in ink, giving distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 11th 1884

4. Place of Birth (Street and Number) 262 E. Biddle St.

5. Full Name of Mother

6. Mother's Maiden Name Annie Nichols

7. Mother's Birthplace Dorchester Co.

8. Full Name of Father Could not get father's name.

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who make this Return. E. B. Fenby, M. D.

Address N. E. Cor Eden & Biddle Sts

Remarks

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by any person, the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period therein required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *24 January 1884*
4. Place of Birth, (Street and Number) *49. Birk, St.*
5. Full Name of Mother, *Edw. McCoy*
6. Mother's Maiden Name, *Edw. Sparks*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Henry McCoy*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Gray*
Address. *No 193. Chester St.*
Remarks,

to report its birth to the Board of Health, in the manner, and within the period above specified, and in compliance with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

69134
1
female
White
Dec 29 1889
No. 12 E. Beairf. St. Baltimore Md
Wid Sarah Hickman
Mrs Sarah C. Wargen
Baltimore Md. city
Geo W Hickman
Plassey
Baltimore Md. city
Susan Hunter
21 S. Poppleton St

certificates, to record the first and third day of each year, from a to the fourth of January. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report of the birth and death of the child to the health officer of the city, and such report shall be subject to the examination of the health officer. In case the birth of any person or persons should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report of the birth and death of the child to the health officer of the city, and such report shall be subject to the examination of the health officer. In case the birth of any person or persons should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report of the birth and death of the child to the health officer of the city, and such report shall be subject to the examination of the health officer.

HEALTH DEPARTMENT
JAN
30
1884
BALTIMORE.

2 Birth

John H. ...

Uppst.

24 June 1912.....

Harriet Lane St. Nov

Et. m. Sander

11 " L. Sales

Baltimore

Franz Sander

Rich. C. C. C.

Ornithob. - Poussin

John Brown

Leinhardt B 288

21. LISTS TEINIGER AND STATIONER.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly qualified, except in the cases of the birth and death of a child, when the mother, immediately thereafter, it shall then become the duty of the nurse, or of the person who has been duly qualified, to enter the birth and death of the child in the register, and to sign the same, and to deliver the same to the Registrar of Vital Statistics, who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th of January 1884

4. Place of Birth, (Street and Number)

35th Street

5. Full Name of Mother,

Sarah Elizabeth Hark

6. Mother's Maiden Name,

Sarah Elizabeth Elliott

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Henry Hark

9. Father's Occupation,

carver

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Hunter

Address,

21 No. Poppleton St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 69137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Jan. 24th - 1884.
4. Place of Birth (Street and Number) 311 W. Townsend St.
5. Full Name of Mother Ladie W. Culver
6. Mother's Maiden Name Swain
7. Mother's Birthplace Balto.
8. Full Name of Father A. Culver
9. Father's Occupation
10. Father's Birthplace Connecticut
- Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith, M. D.
- Address Harlem Av., Calhoun
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Dark complexion*

3. Date of Birth, *January 24th 1884*

4. Place of Birth, (Street and Number) *38 E. Sharp St*

5. Full Name of Mother.

6. Mother's Maiden Name, *Alice Johnson*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Jensin Burley*

9. Father's Occupation, *Steward*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Annelia Johnson*
or other Person who makes this Return

Address, *6 Hamilton St,*

Remarks,

in case of illness, or in case of a physician, or of a practitioner of midwifery, or of a person who shall be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, and in the case of any failure to do so, the parent or parents shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 24th 84

4. Place of Birth, (Street and Number)

220 J. Howard St.

5. Full Name of Mother,

Annie Geston

6. Mother's Maiden Name,

Meller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Geston

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

328 J. Entwistle St.

Remarks,



certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and at the time, and to the persons, hereinafter provided, and shall be subject to the same penalties as are provided for in the Act relating to the registration of births, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 24th 1884*

4. Place of Birth, (Street and Number) *Maryland*

5. Full Name of Mother, *Mary Ann Stallings*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Mr. Stallings*

9. Father's Occupation, *Policeman*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Dr. N. P. Hall*

Address, *108 N. E. Street*

Remarks,

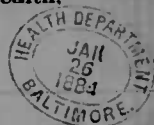
67-253

HE JAM
bela la,
BALTIMORE

- verifiable, between the first and third day of each and every month to the Board of Health, and any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the child shall be deemed to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in charge of such child to report its birth to the Board of Health, in the manner, and within the period therein prescribed, and except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 24th 1884

4. Place of Birth, (Street and Number)

No. 30 Stiles St.

5. Full Name of Mother,

Margret Wells.

6. Mother's Maiden Name,

Madinet Rigger

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

James Wells.

9. Father's Occupation,

Clerk

10. Father's Birthplace.

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Olga F. Schumacher

Address,

No. 95 Albemarle St.

Remarks,

(city)

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Virginia E. Berenger

(maiden name)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

January 24th 1884

4. Place of Birth, (Street and Number)

546 E. Fayette St.

5. Full Name of Mother,

Virginia E. Berenger, Maiden name Virginia E. Crawford

6. Mother's Maiden Name,

C. Crawford

7. Mother's Birthplace,

I. Gardin, Baltimore, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Henriette B. B. B.

Address,

Mc Eldry 35 East of Patterson's Park, avenue

Remarks,

The writer a poor honest working man and true Zachary J. Berenger has made standing present

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother to cause the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of failing to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th January 1884

4. Place of Birth, (Street and Number) No 134 Battery, Md.

5. Full Name of Mother, Sophia Rickard

6. Mother's Maiden Name, Sophia Miller

7. Mother's Birthplace, Baden

8. Full Name of Father, Rickard Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Maria Breckner

Address, 40128 West St

Remarks,

BORN, IS OF LEGAL PHYSICAL CONSENT, WHETHER MARRIED OR NOT, THE FULL NAME, NATIVITY, AND RESIDENCE OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Wht*

3. Date of Birth, *25 July 84*

4. Place of Birth, (Street and Number) *25 July 84*

5. Full Name of Mother, *Maria Cacaci*

6. Mother's Maiden Name, *Don't Know*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Cacaci*

9. Father's Occupation, *Confectioner & fruiter*

10. Father's Birthplace, *Chapel Italy*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. H. H. H. H.*

Address, *119 N Charles St*

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, the parent or parents of such child, except in the cases of the births, and deaths, of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be provided as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1884
4. Place of Birth, (Street and Number) No 229 Parse W.D
5. Full Name of Mother, Joana Thomas
6. Mother's Maiden Name, Joana Brooks
7. Mother's Birthplace, New York City
8. Full Name of Father, Julian Thomas
9. Father's Occupation, Hair Spinner
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return E. Dunge
- Address, _____
- Remarks, _____



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the mother, immediately thereafter, it shall become the duty of the mother, or of the nurse, or of the physician, or of the practitioner of midwifery, or of the nurse, to report the birth of the child to the Board of Health, and to cause the same to be registered, except in the cases of this birth and death of the child, in which case the mother shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



female
White
Jan 05
Wmsey st 177
Esther Sykes
Annice Miller
Ireland
Will Sykes
Wmester
Howard County Maryland
Mrs. Sykes
177 Wmsey St
177 Wmsey St

RETURN OF A BIRTH ¹⁹¹⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 25 - 1884

4. Place of Birth, (Street and Number)

145 N. Euter-

5. Full Name of Mother, ...

Ella Shaw

6. Mother's Maiden Name,

Ella Linn

7. Mother's Birthplace,

Balti. Co.

8. Full Name of Father,

Wm. E. Shaw

9. Father's Occupation,

Engineer

Father's Birthplace.

Camden 2nd

Name of Medical Attendant, or other Person who makes this Return

W. E. Shaw

Address,

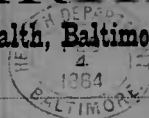
145 N. Euter-

Remarks.

Registration between the first and third day of each and every month to the Board of Health. In case the birth of an infant shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and form provided by the Board of Health, and such failure to report shall be deemed an offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25 January

4. Place of Birth, (Street and Number) No 36 Baltimore St

5. Full Name of Mother, Mary Anderson

6. Mother's Maiden Name, Mary Drakeford

7. Mother's Birthplace, Tuskigee Alabama

8. Full Name of Father, James Anderson

9. Father's Occupation, Writer

10. Father's Birthplace, Liberty Va

Name of Medical Attendant, or other Person who makes this Return Anna Johnson

Address, 94 Johnson St

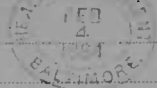
Remarks, _____

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents to procure the attendance of a physician, or of a practitioner of midwifery, and to cause the birth of the child to be registered in the office of the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) //



1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 25, 84.

4. Place of Birth, (Street and Number)

68 Durham St No 88

5. Full Name of Mother,

Mary Gehlbach

6. Mother's Maiden Name,

Pick

7. Mother's Birthplace,

Barren

8. Full Name of Father,

Gary Gehlbach

9. Father's Occupation,

Polmer

10. Father's Birthplace,

Barren

Name of Medical Attendant, or other Person who makes this Return

Mrs. F. Brown

Address,

68 Durham St No 88

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to cause the birth of such child to be registered, and to file a true and correct copy of the certificate of birth, within the period above prescribed, except in the cases of the birth and deaths of premature children, and any person or persons who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other puns and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1915
Januar 25. 814
E. Lombardstr No 312
Maria Antmann
Bath
Packer
Paul Antmann
Talar
Barren
Mrs Joh. Brandt
E. Lombardstr No 111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 25th*
4. Place of Birth, (Street and Number) *No 8 Arlington ave.*
5. Full Name of Mother, *Mrs L Hogan*
6. Mother's Maiden Name, *Elizabeth Savannah*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Hogan*
9. Father's Occupation, *Policeman*
10. Father's Birthplace, *Richmond Va*
- Name of Medical Attendant, or other Person who make this Return *Mrs M Blake*
- Address, *N. 53 Carlton St*
- Remarks, *Healthy*

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a distance upon the other side of the city, the parent or parents, or the person or persons who shall have the custody of the child, or the person or persons who shall have the custody of the child, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *25th of January 1884.*

4. Place of Birth, (Street and Number) *Philadelphia, Road near Telegraph.*

5. Full Name of Mother, *Louisa Krue.*

6. Mother's Maiden Name, *Louisa Robison.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Chas Robison.*

9. Father's Occupation, *Croaker.*

10. Father's Birthplace, *West Minster, Kent county.*

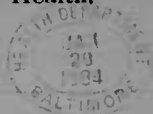
Name of Medical Attendant, or other Person who makes this Return *Greentree Huntel.*

Address, *71 North Chapel but for parties Huntel.*

Remarks, *Free borne Delet.*

RETURN OF A BIRTH ^{7/1/06}

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Chapel Hill, N.C. 7/1/06

4. Place of Birth, (Street and Number)

Room 23

5. Full Name of Mother,

Ida W. Doyle

6. Mother's Maiden Name,

Ida V. Meyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John P. Doyle

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

11. Name of Medical Attendant, or other Person who makes this Return

E. H. Carson

Address,

No 273 Chapel Hill street

Remarks,

near Church

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6
female
Caucasian
Dec 25
Chapel Street near Chase St
Marian G. Hall
Marian G. Hall
Baltimore City
George G. Hall
Hall G. Hall
Baltimore City
Edwin G. Hall
No 273 Chapel Street

By the parents, or the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c.)

1st child

whether Male or Female)

Female

Color (if not of the white race)

col

Birth

January

25

h.

1884

Birth (Street and Number)

Baltimore city 1414 Spring St

of Mother

Gussie Valentine

Maiden Name

Mrs ~~Henry Washington~~ Donkand

Birthplace

Howard co. MD

of Father

Henry Washington

Occupation

common labor among thingans

Birthplace

Washington Maryland co. MD

Medical Attendant, or other Person who makes this Return.

Annie Jones

8/122

Dalles

Baltimore city

death of a child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, the coroner shall cause an inquest to be taken as to the cause of death. In case there should be any other person he is at once upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed. In the case of the death of a child, the coroner shall cause an inquest to be taken, except in the case of the death of a child born of a married woman, the cause of death of which shall be subject to the jurisdiction of the courts of law. In the case of the death of a child, the coroner shall cause an inquest to be taken, except in the case of the death of a child born of a married woman, the cause of death of which shall be subject to the jurisdiction of the courts of law. In the case of the death of a child, the coroner shall cause an inquest to be taken, except in the case of the death of a child born of a married woman, the cause of death of which shall be subject to the jurisdiction of the courts of law.

EXPLANATION

~~Water~~ *Water*

- Name of Medical Attendant, or other Person who makes this Return Mary E. Muller
Address. 11 Dallas St. 1926

THE PRINTING AND STATIONING.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the Child, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

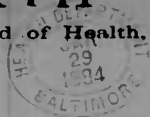
Name of Medical Attendant, or other Person who makes this Return _____

Address _____

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20th of January*
4. Place of Birth, (Street and Number) *No. 15 Miller St.*
5. Full Name of Mother, *Mary S. Carroll*
6. Mother's Maiden Name, *Mary S. Gittings*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward J. Carroll*
9. Father's Occupation, *Domestic*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Walter*
- Address, *120 N. Cardis St.*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

69162
JAN 29
BALTIMORE
FEMALE

White

January 25. 1887

No 22 Bruce Street

Rosa Eichelberger

Rosa Horbel

Baltimore, Maryland

Charles Eichelberger

Painter

Baltimore Maryland

2130 N. E. M. S.

198 Saratoga St

Baltimore Maryland

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person licensed to practice the art of midwifery, in the manner and to the extent provided for by the laws of this State, the person or persons so attending the birth of the child, or the person or persons so attending the child, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 25th 1884*
4. Place of Birth, (Street and Number) *165 Beathel Alley*
5. Full Name of Mother, *Rosey Bower*
6. Mother's Maiden Name, *Diehl*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Peter Bower*
9. Father's Occupation, *Broom Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mar. H. H. H.*
- Address, *1011 Patterson Park Dr.*
- Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY:



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 25th, 1884*
4. Place of Birth, (Street and Number) *225 Battery Ave*
5. Full Name of Mother, *Mary Catherine Reynolds*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard Thomas Reynolds*
9. Father's Occupation, *Captain (Marine)*
10. Father's Birthplace, *Westmoreland Co., Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Robert C. Lowe, M.D.*
- Address, *335 Light St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 25

1884

4. Place of Birth, (Street and Number)

No 702 South Charles street

5. Full Name of Mother,

Mary E. Lacher

6. Mother's Maiden Name,

Mary E. Krammer

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

John Lacher

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Balt Co md

Name of Medical Attendant,

or other Person who makes this Return

E. Whinton

Address,

No 79 Beandell street

Remarks,

At the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 25, 1884

4. Place of Birth, (Street and Number)

108 Battery ave

5. Full Name of Mother

Mary. Russell

6. Mother's Maiden Name,

Mary. Abbott

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Benjamin Abbott

9. Father's Occupation,

Labour

Father's Birthplace,

Summerset County

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann. Nash

Address,

Remarks,

69170

HEALTH DEPARTMENT
JAN 26 1884
BALTIMORE.

- [illegible]

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 26th. 1881*
4. Place of Birth, (Street and Number) *1011 Baltimore St.*
5. Full Name of Mother, *Christina Gross*
6. Mother's Maiden Name, *Christina Strook*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Gross*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *W. F. Butth*
- Address, *No. 185 S.E. cor. Gentil av. & Monument St.*
- Remarks, *All Well*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 26 1884

4. Place of Birth, (Street and Number)

54 Thames St

5. Full Name of Mother,

Sarah Fitzgerald

6. Mother's Maiden Name,

Sarah Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Fitzgerald

9. Father's Occupation,

Shipping Broker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louisa Smith

Address,

name of Child Catherine Fitzgerald

Remarks,

of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the parent or parents of such child shall be liable to a fine of not less than five dollars, nor more than twenty dollars, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

January 26 1884

63 Bait St.

Sophia Miller
Sisbricht

Baltimore

Henry Miller
Lorr

Baltimore

Mrs. Isaac Kraft
226 Canton Ave

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan: 26 - (26th)

4. Place of Birth, (Street and Number)

84 Franklin Street

5. Full Name of Mother

Hannie T. Conway

6. Mother's Maiden Name

Hannie T. Blakiston

7. Mother's Birthplace

St. Marys Co: Maryland

8. Full Name of Father

Wm. E. Conway

9. Father's Occupation

Life Insurance Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

W. A. Milton Jr

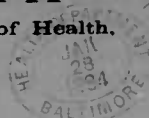
Address

146 Park Avenue

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2nd week 2nd of Jan. 1904

4. Place of Birth, (Street and Number)

77 Pearl St

5. Full Name of Mother,

Catherine Chambers

6. Mother's Maiden Name,

Chambers

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

she is unmarried

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. Somerville

Address,

Clinton Ave

Remarks,

THIS CERTIFICATE, AND THE NAME OF THE MOTHER OF EACH CHILD, OR CHILDREN,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, etc.) *6*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *Colored*
4. Date of Birth, *Jan 26 1884*
5. Place of Birth, (Street and Number) *Rose St No 5*
6. Full Name of Mother, *Georgiana Downs Small*
7. Mother's Maiden Name, *Georgiana Downs*
8. Mother's Birthplace, *Baltimore City*
9. Full Name of Father, *Robert Small*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Talbot County*
- Name of Medical Attendant, or other Person who makes this return *Marion Mason*
- Address, *34 Walnut Alley*
- Remarks, *Sound and healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Jan Dec 1884

4. Place of Birth, (Street and Number) Balmy St No 2

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, Mary Cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Jones

9. Father's Occupation, labor

10. Father's Birthplace, Carlecounty

Name of Medical Attendant, or other Person who makes this Return

Address, Cholletz Station Midway

Remarks, No 15 Calhoun St

Particulars, not given the first and third day of each and every month in the record of births, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the mother die within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

69182

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26th of January

4. Place of Birth, (Street and Number)

391 Ann St.

5. Full Name of Mother,

Ellen T. Allman

6. Mother's Maiden Name,

Ellen T. Kirby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas P. Allman

9. Father's Occupation,

Clerk

☒ Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

Mary Nelson

Address,

125 N. Carolina St.

Remarks,

RETURN OF A BIRTH

19183

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 26th 1884

4. Place of Birth, (Street and Number)

No 29 Stiles Street.

5. Full Name of Mother,

Anna Kelly

6. Mother's Maiden Name,

Anna Gannon

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Kelly

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Eliza Flemming's

Address,

N. 93 Albemarle St

Remarks,

City.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 26th 1884

4. Place of Birth (Street and Number)

No. 680 Lexington Street

5. Full Name of Mother

Mary L. Barrett

6. Mother's Maiden Name

" " Saffield

7. Mother's Birthplace

A. A. Co. Maryland

8. Full Name of Father

Williams Barnett

9. Father's Occupation

Laborer

10. Father's Birthplace

A. A. Co. Maryland

Name of Medical Attendant,

or other Person who makes this Return.

J. C. Ridgely Hammond, M. D.

Address

Cor. Calhoun & Hollins Street

Remarks

Return of the Birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be attending upon the mother, or the child, at the time of birth, the practitioner of midwifery, or other person attending upon the mother, or the child, at the time of birth, shall, in the manner and within the period above prescribed, file a true and correct copy of the said certificate with the Board of Health, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *Jan 26. 1884*
4. Place of Birth, (Street and Number) *No 14. McDole St*
5. Full Name of Mother, *Frances Simms*
6. Mother's Maiden Name, *Francis Williams*
7. Mother's Birthplace, *Harford County*
8. Full Name of Father, *William Simms*
9. Father's Occupation, *Oyster Shucker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sucanolia Mofford*
- Address, *130 N. Register St*
- Remarks,

RETURN OF A BIRTH ⁶⁹¹⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 26th 84*

4. Place of Birth, (Street and Number) *822 W. Baltimore St.*

5. Full Name of Mother, *Mary Summing*

6. Mother's Maiden Name, *Mary Sumner*

7. Mother's Birthplace, *Pa.*

8. Full Name of Father, *William Summing*

9. Father's Occupation, *Salesman*

Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return *J. Miller M.D.*

Address, *188 Franklin St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a licensed nurse, the person attending the birth of such child shall be liable to the Board of Health, in the manner and to the extent provided in the regulations of the Board of Health, for the punishment of such person. The provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th & 10th

1. Sex, (state whether male or female)

Male & Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 26th 1884

4. Place of Birth, (Street and Number)

70 S. Bell St.

5. Full Name of Mother,

Juliana Vickus

6. Mother's Maiden Name,

" Sherr

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Vickus

9. Father's Occupation,

Copper

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Elizabeth Betz

Address,

120 Back St.

Remarks,

Twins

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

January 26 - 1884

1 Gough St.

Theresa Smith

Box

Washington County

Samuel Smith

Laborer

Baltimore

May Stein

151 E Pratt

Of the parents, and the maiden name of the mother of such child or children."

any nation shall have been conferred; the sex, color, the full name and occupation of its parents, the day and place of its birth, the time between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, immediately thereafter the mother, immediately thereafter, shall their become the duty of the parent or persons who shall have ordered, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Jan 20th 1884

4. Place of Birth, (Street and Number)

27 Guttman's alley

5. Full Name of Mother,

Elizabeth Schlauch

6. Mother's Maiden Name,

Schiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Schlauch

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

J. Schaeffer midwife

Address,

330 Thimble St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified, except in the case of the birth and death of a child, in the manner, and within the period above specified, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified, except in the case of the birth and death of a child, in the manner, and within the period above specified, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified, except in the case of the birth and death of a child, in the manner, and within the period above specified, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Jan 26 1891*
 4. Place of Birth, (Street and Number) *1814 Garden St*
 5. Full Name of Mother, *Rich. Hunter*
 6. Mother's Maiden Name, *White*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *William J. Hunter*
 9. Father's Occupation, *Lathe Worker*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Sophia Harrison*
- Address, *U.S. 70 Broadway St*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 26th 1894

4. Place of Birth, (Street and Number)

30

5. Full Name of Mother,

Elizabeth Reinicker

6. Mother's Maiden Name,

Elizabeth Martin

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

H. Reinicker

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
to a film of ten dollars
any person or persons
within the period above required, except in the case of the birth and death of illegitimate children, and
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
to a film of ten dollars
any person or persons
within the period above required, except in the case of the birth and death of illegitimate children, and
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
to a film of ten dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 10.25. 1884

4. Place of Birth, (Street and Number) January 27th. 1884

5. Full Name of Mother, Carrie Daisy

6. Mother's Maiden Name, Carrie Smith

7. Mother's Birthplace, St. Mary, County

8. Full Name of Father, Charles Daisy

9. Father's Occupation, Stevedore on Steamer

10. Father's Birthplace, Balto. County

Name of Medical Attendant, H. N. Smith
or other Person who makes this Return

Address, 10.185 E. 1st St. Baltimore, Md.

Remarks, All well



Birth certificate, between the first and third day of each and every month, in the form of a certificate, to the Registrar of Vital Statistics, Board of Health, Baltimore City, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons attending the birth of such child, to fill out and sign such certificate, and submit the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *7th Son*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 29th 1884*

4. Place of Birth, (Street and Number) *No 26 Dover St*

5. Full Name of Mother, *Colonie Shubrik*

6. Mother's Maiden Name, *Annie M*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Shubrik*

9. Father's Occupation, *Duck Burner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *C. L. Linn*

Address, *No 827 N. Lombard*

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*

G. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

any name shall have been assigned, in accordance with the provisions of the laws of the State of New York, and the said name shall be delivered, duly signed by the president, in the form of a certificate, between the first and third day of every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present at the birth of such child, to report the said birth to the Board of Health, and in case the birth of any child should occur in the interior, and in the absence of a physician, or of a practitioner of midwifery, the birth of such child shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Whereof the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, he or she shall be liable to a fine of five dollars, and shall be liable to a fine of ten dollars for each offense, except in the cases of the births and deaths of premature infants, and of still-born children, and of persons who shall be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, etc.) 14

1. Sex, (state whether male or ~~female~~)
 2. Race or Color, (if not of the white race)
 3. Date of Birth, January 27, 84
 4. Place of Birth, (Street and Number) Freemason St. 11 87
 5. Full Name of Mother, Marion Haffert
 6. Mother's Maiden Name, Putty
 7. Mother's Birthplace, Balt.
 8. Full Name of Father, Frederick Haffert
 9. Father's Occupation, Putty
 10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Lab. Baumbach
- Address, 67 W. 11th St.
- Remarks,

certificate, between the first and third day of each and every month, to the Board of Health, in the case of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so failing to comply with the provisions of this section to appear before the Board of Health, in the manner, and at the time, and place, and before the officers, and in the presence of the members of the Board of Health, and to be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 Jan 1854

4. Place of Birth, (Street and Number)

Balto. N. Castle st No 5

5. Full Name of Mother,

Mary Mathews

6. Mother's Maiden Name,

Mr. Idvorak

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Jos. Mathews

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Ropish

Address,

69 N. Washington st

Remarks,

Mary Ropish

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 27th 1884

4. Place of Birth, (Street and Number)

43 Hillman St

5. Full Name of Mother,

Mary Kennedy

6. Mother's Maiden Name,

McKear

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Kennedy

9. Father's Occupation,

Labourer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Silas W. Hunter M.D.

Address,

36 Greenmount Ave.

Remarks,

certification, is taken, the first and third day of each and every month to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or any other person duly qualified to attend the mother, immediately thereafter, it shall then become the duty of the parent or parents to cause a certificate of birth to be made out and filed in the office of the Board of Health within the period above specified, except in the cases of the births and deaths of infants, in the mother, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 January 1884*

4. Place of Birth, (Street and Number) *383 Easton Avenue*

5. Full Name of Mother, *Nellie Hagan*

6. Mother's Maiden Name, *Marianne Gernie*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adam Targia*

9. Father's Occupation, *Cabman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. E. F. Day*

Address, *No 193 Block 2*

Remarks, _____



RETURN OF A BIRTH

69203

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jan 27

4. Place of Birth, (Street and Number) 133 Stirling st

5. Full Name of Mother, Mary Ann Franklin

6. Mother's Maiden Name, Mary Ann Dodd

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lewis Franklin

9. Father's Occupation, Coachman

Father's Birthplace, Hartford Ct Md

Name of Medical Attendant, or other Person who makes this Return Mrs Lest Johnson

Address, No 14 Edward st

Remarks, Healthy Child

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

—Gloria Kind

1. Sex, (state whether male or female)

But

2. Race or Color, (if not of the white race)

Marj

3. *Date of Birth.*

Geboeren 27^{te} Januarij

4. *Place of Birth, (Street and Number)*

1. 215. S. Bevel Str

5. *Full Name of Mother.*

Häcke Thor

6. *Mother's Maiden Name.*

Häute Käse

7. *Mother's Birthplace.*

Deutschland.

8. *Full Name of Father,*

Sean Ther

9. *Father's Occupation,*

Steinbocker

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Friderike Kauffman

Address. No 262

Address. No 202 S Duane St

Remarks.

Helamine

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and at the time, and to the persons, herein provided for. Any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *11th*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~is not of the white race~~)

3. Date of Birth, *January 27th / 84.*

4. Place of Birth, (Street and Number) *275 Lexington St.*

5. Full Name of Mother, *Virginia Pike.*

6. Mother's Maiden Name, *Virginia Jacobson.*

7. Mother's Birthplace, *Richmond, Va.*

8. Full Name of Father, *Abraham Pike.*

9. Father's Occupation, *Auctioneer*

10. Father's Birthplace, *Richmond, Va.*

Name of Medical Attendant, or other Person who makes this Return *John J. H. H. H.*

Address, *275 Lexington St.*

Remarks,

between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Board of Health, in the manner, and within the period above prescribed. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 21st 1884

4. Place of Birth, (Street and Number)

St. Paulsgate Alley

5. Full Name of Mother,

Mathie Dandorf

6. Mother's Maiden Name,

Mathie Galle

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

Johann Dandorf

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

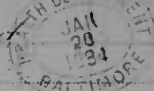
Friederike Rossmann

Address,

St. 202. S. Tuller St.

Remarks,

Hebamm



RETURN OF A BIRTH

69207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 27 1884

4. Place of Birth, (Street and Number)

St. Vincent's Infirmary

5. Full Name of Mother,

6. Mother's Maiden Name,

Gertrude M. Rupp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, in the manner, and within the period above prescribed, and if he fail to do so, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *May 27/88*

4. Place of Birth, (Street and Number) *112 So. Bowles*

5. Full Name of Mother, *Elizabeth Dougherty*

6. Mother's Maiden Name, *Maloney*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John W. Dougherty*

9. Father's Occupation, *Mariner*

10. Father's Birthplace, *Somerset Co. Mass*

Name of Medical Attendant, or other Person who makes this Return *J. L. Minton*

Address, *77 So. Bowles*

Remarks,

certificate, between the first and third day of each and every month, in the form of a
birth of any child shall occur without the attendance of a physician, midwife, or
should no other person be in attendance upon the mother, immediately thereafter it shall be
of the parent or parents of such child in report to the Board of Health, in the manner, and
within the time, prescribed by the Board of Health, for the registration of births, and death
any person or persons who shall hereafter fail to comply with the provisions of this
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*

1. Sex, (state whether male or female) *Girl.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *27th of January 1884.*

4. Place of Birth, (Street and Number) *501 Mosby St.*

5. Full Name of Mother, *Katie Balderson.*

6. Mother's Maiden Name, *Katie Katsch.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Jacob Katsch.*

9. Father's Occupation, *Carriage maker.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Dunkel.*

Address, *71 North Chyfel St. Germania Dunkel.*

Remarks, *Healthy.*

6210

11-10-54

10/15/1911

- Girl
White
27th 2nd of January 1884.
52 East Hamstead Road.
Thurs. Hardman.
Thos. Meyer,
Germany.
William Meyer.
Ayer.
Germany.

Cuscutia kushak

71 North Chapel St. for 4000 since Kissel
has left

History.

NO. CITY PRINTERS AND STATIONERS.

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 27, 1884

4. Place of Birth, (Street and Number) E. Wash St. No. 1318

5. Full Name of Mother, Gloria Black

6. Mother's Maiden Name, Virginia Jackson

7. Mother's Birthplace, Walden, Mass.

8. Full Name of Father, Charles J. Piccoli

9. Father's Occupation, *Carriage Maker*

10. Father's Birthplace, 1891 USA

Name of Medical Attendant, or other Person who makes this Return

Address. *At Dallas, Tex. - 1326*

Remarks, *Albat. bo.*

Mary E. Huller

69212

7-11-68

2. Leo Chiles

- Name of Medical Attendant, or other Person who makes this return *Karl E. Miller*
Address *1 Dallas St. N. 26.*
Remarks *dead born*

A 1940 CITY DIRECTORY AND STATISTICS.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

State, in its physical condition, whether able to work or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother.

7. Mother's Maiden Name.

8. Mother's Birthplace.

9. Full Name of Father.

10. Father's Occupation,

11. Father's Birthplace;

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH,

1921

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth Sunday January 1st 1884
4. Place of Birth, (Street and Number) No 22 North Ave. Baltimore Md
5. Full Name of Mother Bridget M. E. Grier
6. Mother's Maiden Name Bridget M. McAndrew
7. Mother's Birthplace Ireland
8. Full Name of Father George M. Grier
9. Father's Occupation Rail Roader
10. Father's Birthplace Germany
11. Name of Medical Attendant, or other Person who makes this Return. Mr. Carroll
- Address 107 Patterson St
- Remarks _____

name of the mother of each child or children.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a distance when the mother immediately thereafter, it shall then become the duty of the parent or persons who are present at the birth of the child, to make a return of the birth, and of the name of the child, to the Board of Health, within the time prescribed, and any person or persons who fail to comply with the provisions of this act, shall be liable to a fine of not less than five dollars, nor more than ten dollars, which offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 27th 1884.

4. Place of Birth, (Street and Number) 210 Alice Anna St.

5. Full Name of Mother, Martha Louck

6. Mother's Maiden Name, Martha Peters

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Louck

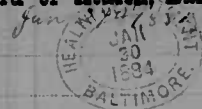
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return

Address, No. 137 N. St.

Remarks, *[Signature]*



RETURN OF A BIRTH, 69216

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 21

4. Place of Birth, (Street and Number) 250 N. Durham St

5. Full Name of Mother Mrs Mary Gibson

6. Mother's Maiden Name Mary Maples

7. Mother's Birthplace Baltimore

8. Full Name of Father Mr J. Gibson

9. Father's Occupation Farmer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Chapman

Address 9 street near eden

Remarks _____

Self signed, without authority of the Registrar, is not valid, and the name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January, 27, 1884

4. Place of Birth, (Street and Number)

106 Little Pax St

5. Full Name of Mother,

Lizzie Lachmeier

6. Mother's Maiden Name,

Lizzie Etter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Lachmeier

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Dr. Kunigunda Schlifer

Address,

20 Columbia St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
1884
BALTIMORE

State whether 1st, 2d, 3d, &c.) 2
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Mary Harrison
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G. Croner

Baltimore

Baltimore
Edward Harrison

Edward
C. Clark

Clerk
Virginia

Virginia
L. Casper,

Sarah Casper
8 Lombard street

12. E. Lombard street

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or other Person who
makes this Return

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall be in any manner delayed, the parent or person making the return shall be liable to a fine of ten dollars for each offence. In case the child is born illegitimate, the parent or person making the return shall be liable to a fine of ten dollars for each offence. In case the child is born illegitimate, the parent or person making the return shall be liable to a fine of ten dollars for each offence. In case the child is born illegitimate, the parent or person making the return shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

January 25th 1884

4. Place of Birth, (Street and Number)

No 12 Orleans St.

5. Full Name of Mother,

Alice L. Smith

6. Mother's Maiden Name,

Rice Dorsey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nathan Smith

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. H. Butt

Address, 185 E. Baltimore St.

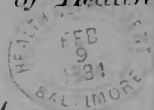
Remarks, All OK



born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 28/94

4. Place of Birth, (Street and Number)

187 Bank

5. Full Name of Mother,

Elizabeth Commerce

6. Mother's Maiden Name,

" Nelson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Lawrence Commerce

9. Father's Occupation,

Shoe maker

Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return.

Dr. W. H. Mansfield M.D.

Address,

117 Broadway.

Remarks,

RETURN OF A BIRTH

69 224

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 28/84

4. Place of Birth, (Street and Number)

24 Clinton St.

5. Full Name of Mother,

Helen Bell

6. Mother's Maiden Name,

" Holloway

7. Mother's Birthplace,

Harford Co. Md.

8. Full Name of Father,

Henry A. Bell

9. Father's Occupation,

Overseer in Chemical Works

Father's Birthplace,

Maryland

Name of Medical Attendant,

or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 E. Broadway

Remarks,

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of a child occurs on the first or third day of any month, the certificate shall be filed on the first or third day of the following month. If the birth of a child occurs on the second day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the fourth day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the fifth day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the sixth day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the seventh day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the eighth day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the ninth day of any month, the certificate shall be filed on the first day of the following month. If the birth of a child occurs on the tenth day of any month, the certificate shall be filed on the first day of the following month.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

7 child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 28th 1884

4. Place of Birth, (Street and Number)

W. Durham St 28

5. Full Name of Mother,

Christina Larisa Brashers

6. Mother's Maiden Name,

" " Domesher

7. Mother's Birthplace,

Saxony

8. Full Name of Father,

John Brashers

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

W. A. Alley

Address,

48 Holland St

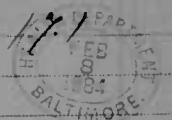
Remarks,

to a time of ten dollars for each infant, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Jan'y 28 - 1884*
4. Place of Birth, (Street and Number) *No 13, Bohemian Court*
5. Full Name of Mother, *Anna Korbelt*
6. Mother's Maiden Name, *" Pech*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Matej Korbelt*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Bohemia*
Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*
Address, *No 20. Barnes St*
Remarks, _____



RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One First

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother.*6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Remarks.

places of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Superintendent of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall then become the duty of such person to be in attendance upon the mother and her infant, and report thereon in the manner, and at the time, and to the place, above specified, under penalty of fine and imprisonment. The said practitioner, midwife, or other person who shall fail to comply with the provisions of this section shall be subject to arrest, and may be punished as provided in other laws and penalties are severable.

Verifiably between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person in charge of the child should report to the Board of Health, in the manner, and at the time, and place, and to the person or persons designated by the Board of Health, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 Jan. 1884*

4. Place of Birth, (Street and Number) *Balto. N. Washington St*

5. Full Name of Mother, *Sophie Jones* *No. 69*

6. Mother's Maiden Name, *I. Beloblarkeva*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Vincens Jones*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Mary Kopisch*

Address, *69 N Washington St*

Remarks, *Mary Kopisch*

In case the birth of any child shall occur without the attendance of a physician or other person authorized by the Board of Health, the parent or person in charge of the child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 January 1884*

4. Place of Birth, (Street and Number) *62 Lombard St.*

5. Full Name of Mother, *Hannah Walsh*

6. Mother's Maiden Name, *Hannah Dundas*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Edmund Walsh*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. E. G. Gray*

Address, *No 193 Chestnut St.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth.

28th of January

4. Place of Birth, (Street and Number)

188 N Dallas st

5. Full Name of Mother.

Pricilla Brown

6. Mother's Maiden Name.

Pricilla Jackson

7. Mother's Birthplace.

Baltimore Md

8. Full Name of Father.

Amos Brown

9. Father's Occupation.

Carriage Builder

10. Father's Birthplace.

Hannover County Maine

Name of Medical Attendant,

or other Person who makes this Return

Miss Annie Perkins

Address,

122 N Dallas St - near Mc Clurg st

Remarks,

name of the mother of such child or children.
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden
name of the mother of such child or children.

RETURN OF A BIRTH,

DEPT. OF HEALTH
JAN 29 1884
69231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 28th 1884

4. Place of Birth, (Street and Number)

135 N. Paul Street

5. Full Name of Mother

Clementine Hag Myers

6. Mother's Maiden Name

Clementine Hag Myers

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Hugh Myers

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. C. Nelson

Address

146 Park Avenue

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th of January*
4. Place of Birth, (Street and Number) *50 N. Caroline St.*
5. Full Name of Mother, *Sarah Wilkinson*
6. Mother's Maiden Name, *Sarah Thumma*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert P. Wilkinson*
9. Father's Occupation, *Financier*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Marshall Water*
- Address, *125 N. Caroline St.*
- Remarks,

RETURN OF A BIRTH *69233*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 28th 1884

4. Place of Birth, (Street and Number)

60 Lexington St

5. Full Name of Mother,

Helen Baylowski

6. Mother's Maiden Name,

Helen Levi

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Samuel Baylowski

9. Father's Occupation,

Merchant

Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

Julius Jenkins

Address,

No. 2 Cathedral St

Remarks,

of the parent, and the maiden name of the mother of such child or children.



In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a person duly qualified to attend in such cases, the mother, or other person present in at a balance upon the mother, immediately thereafter, it shall then become the duty of the mother, or other person present, to report to the Board of Health, in the manner, and within the period above prescribed, the birth of such child, and the name of the mother, and of any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th of January 1887*
4. Place of Birth, (Street and Number) *117th Charles Street*
5. Full Name of Mother, *Mary Schreyer*
6. Mother's Maiden Name, *Mary Kink*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Kink*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Ernestine Kunkel*
- Address, *71 North Charles St. for Justina Kunkel*
- Remarks, *Healthy*

Penalty between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of any other person, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time prescribed by the Board of Health, and if they fail to do so, they shall be liable to a fine of ten dollars, and each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 January

4. Place of Birth, (Street and Number)

Harstels St. No 60

5. Full Name of Mother,

Kunigunde Bell

6. Mother's Maiden Name,

Michael

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Bell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. B. B. B. B.

Address,

Remarks,

Lombard St. No 215.



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69236

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 28, 1884 -

4. Place of Birth (Street and Number)

Corn. Lombard & Poppleton sts -

5. Full Name of Mother

Aris Sharon -

6. Mother's Maiden Name

Aris Smith -

7. Mother's Birthplace

Philadelphia -

8. Full Name of Father

Geo H. Sharon -

9. Father's Occupation

Carpenter -

10. Father's Birthplace

Delaware -

Name of Medical Attendant, or other Person who makes this Return.

E. H. Holbrook, M.D.

Address

185 N. Carey st -

Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

RETURN OF A BIRTH

19228

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

5. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *28 of January*
4. Place of Birth, (Street and Number), *Martin Street No 9*
5. Full Name of Mother, *Kate Johnson*
6. Mother's Maiden Name, *Kate Campbell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Johnson*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Eastern Shore*
- Name of Medical Attendant, or other Person who makes this return *Lucy Campbell*
- Address, *No 13 Garden Alley*
- Remarks,

RETURN OF A BIRTH

69237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(8) eight

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 28 - 1884

4. Place of Birth, (Street and Number)

30 Little Hoar St.

5. Full Name of Mother,

Barbara Dorn

6. Mother's Maiden Name,

Barbara List

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Peter Dorn

9. Father's Occupation,

Wagon Driver

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Kunigunda Splifer

Address,

20 Columbia St.

Remarks,

of the parent, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time prescribed by the Board of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 28th 84

4. Place of Birth, (Street and Number)

4 Second St

5. Full Name of Mother,

Mary Wieder summer

6. Mother's Maiden Name,

Johny brock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Wieder summer

9. Father's Occupation,

Restaurant keeper

10. Father's Birthplace,

Hessan Dannbach

Name of Medical Attendant, or other Person who makes this Return

Mary Brock

Address,

328 S. Euterio St.

Remarks,

certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to send a certificate of the birth of the child to the Board of Health, and to file the same in the office of the Board of Health. In case the child is a female, the name of the child shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

White Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 of January 1894

4. Place of Birth, (Street and Number)

No 145 Harrison St

5. Full Name of Mother,

Matilda Wiesner

6. Mother's Maiden Name,

M^r G. Wholen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

G. Wholen

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

R. Philip Johnson

Address,

1228 N. Frederick St

Remarks,

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "FEB 2 1984" is stamped. The stamp is slightly faded and is located in the lower-left quadrant of the document.

seventeenth, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present to attend upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner and at the time specified herein, the names of all children born in the city of New York shall be subject to the inspection and review of the Board of Health, and the names of all illegitimate children shall be subject to the same. Any person who neglects or refuses to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Sept 16

Male

Christ

January 28th 1884

135-3-4 Broadway

Annie B Benson

Arby's

Germany

Frederick E. Shues

Collector _____

Essex

S. W. Seldner M.D.

S. C. Cox Eager & Caroline Lps.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *28 Jan'y 1884*
4. Place of Birth, (Street and Number) *103 S. Spring*
5. Full Name of Mother, *Barbara White*
6. Mother's Maiden Name, *Goetz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Peter White*
9. Father's Occupation, *Laborer*
10. ☒ Other's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *151 E. Pratt*
- Remarks,

any female shall make and receive, in the form of a certificate, the following information, to be filed in the place of its birth, and the said certificate shall be delivered by the practitioner, duly signed by him, to the parent or to the person who shall receive the child, and the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of any other person, who shall be the duty of the parent or the person who shall receive the child, to the effect that any person or persons who shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Both Females*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 25/84*

4. Place of Birth, (Street and Number) *107 Ramsey St*

5. Full Name of Mother, *Mary Wolf*

6. Mother's Maiden Name, *a Anderson*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Peter Wolf*

9. Father's Occupation, _____

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Wm. J. Haxson*

Address, *108 E. Pratt St*

Remarks, *This was a case of twins*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

6924

any name and have said and expressed the same to the satisfaction of the birth, and the said schedule shall be delivered, duly signed, by the parent(s) in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the parent(s) of any child should neglect the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, to attend upon the mother, immediately thereupon the said child shall become the property of the Board of Health, and shall be taken into the hospital, and shall be nursed in the manner, and at the expense of the Board of Health, and the parent(s) of the said child shall be liable to the payment of a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

First

Female

22

29 January

17 Liberty St

11/11/11

Chas. L. ...

Bethune

Wm. L. Brown

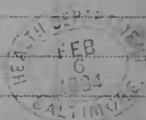
2000

Beit

or other Person who
makes this Return

no
n Mrs. Deback

Remarks.



RETURN OF A BIRTH

19250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 29

4. Place of Birth, (Street and Number) 8 Spring St

5. Full Name of Mother, Jennie Ennels

6. Mother's Maiden Name, Jennie Christy

7. Mother's Birthplace, Harrisburg Pa

8. Full Name of Father, Henry Ennels

9. Father's Occupation, Laborer

10. Father's Birthplace, Woodland Twpn Dorchester Md

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson

Address, no 14 Edgmont St

Remarks, Healthy Child

place of the birth, and the said certificate shall be delivered, they signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, in the City of Baltimore, who shall be responsible for the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person who shall be in attendance upon the mother, to cause the birth of the child to be recorded in the birth record of the City of Baltimore, and if any person or persons who shall be in attendance upon the mother, shall fail to comply with the provisions of this act, he or she shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 23, 1881*

4. Place of Birth, (Street and Number) *128 Dallas St.*

5. Full Name of Mother, *Mary Pickel*

6. Mother's Maiden Name, *Mary Arholt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Simon Pickel*

9. Father's Occupation, *Handarbeiter*

10. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

Address, *128 S. Dallas St.*

Remarks, *Hebamme*

place of its birth, and the said certificate shall be delivered, duly signed by the registrar, in the form of a certificate, to the mother or other person who may be in attendance upon the mother, immediately thereafter, it shall then become the duty of the registrar or person in attendance upon the mother, to sign the certificate, and to deliver it to the mother, or other person, within the period above specified, except in the case of any child born with the malformation of the spine, in which case the certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Schwarz

3. Date of Birth, February 29th 1890

4. Place of Birth, (Street and Number) No 180 Eastern Ave

5. Full Name of Mother, Lara Cary

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friederike Kaufman

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufman

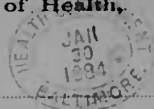
Address, No 202 S. Dallas St

Remarks, Hebamm

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 29 1884

4. Place of Birth, (Street and Number) 23 Walnut & alley

5. Full Name of Mother,

6. Mother's Maiden Name, Christina Rider

7. Mother's Birthplace, Maryland

8. Full Name of Father, unknown

9. Father's Occupation,

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Marian Hasen

Address, 37 Walnut alley

Remarks, not healthy

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the mother, immediately thereafter, it shall be her duty to cause the child to be registered, and to sign the certificate of birth, and to deliver the same to the Registrar, or to some other person, who shall be subject to a fine of not less than five dollars, and not more than ten dollars, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *Jan 24 1884*

4. Place of Birth, (Street and Number) *232 Hurkum St*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Anna Hansen*

7. Mother's Birthplace, *Dan and Talbot County*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return *Louisa Hoffman*

Address, *136 1 Regent St*

Remarks, _____

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is duly qualified to attend in such cases, it shall then become the duty of the parent or parents, or of the person or persons who shall have been present at the birth of the child, to report the birth of the child to the Board of Health, within the period above specified, and, except in the case of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this article shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 29th 1884*

4. Place of Birth, (Street and Number) *502 Canton av*

5. Full Name of Mother, *Kenias Magraw*

6. Mother's Maiden Name, *Kimmerle*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Magraw*

9. Father's Occupation, *Refrigerator*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *1012 Patterson Park av*

Remarks, _____



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 29th 1884
4. Place of Birth (Street and Number) At the Elbow Lane
5. Full Name of Mother Charlotte Curtis
6. Mother's Maiden Name Savage
7. Mother's Birthplace St. Marys County
8. Full Name of Father unknown
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Sarah Jones
- Address W. 4 Wayne Street
- Remarks

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother, or of the person attending her, to cause the birth of the child to be registered, and to file a copy of this report with the Registrar of Vital Statistics, Baltimore City, within a period of ten days after the birth of the child, and to pay the fee thereon. If any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 29th 1884

4. Place of Birth, (Street and Number) 219 Alice Green St.

5. Full Name of Mother, Katharina Bauer

6. Mother's Maiden Name, Weber

7. Mother's Birthplace, Germany

8. Full Name of Father, Mathias Bauer

9. Father's Occupation, Mariner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. Elizabeth J. J. J.

Address, 205 Bank St.

Remarks,

RETURN OF A BIRTH 69258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

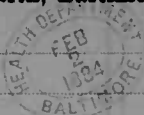
- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. Third*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *January 29 - 1884.*
4. Place of Birth, (Street and Number) *69. Portland st.*
5. Full Name of Mother, *Marie E. Rea*
6. Mother's Maiden Name, *Marie E. Richards*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles J. Rea*
9. Father's Occupation, *Breakman. B.O.*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Wm. Hunigunda Schlifer*
- Address, *20 Columbia st*
- Remarks,

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or party in whose household the birth of the child occurred, to report to the Board of Health, in the manner and to the effect herein prescribed, the birth of the child, and to cause to be recorded in the office of the Board of Health, a certificate of the birth of the child, and to pay to the said Board of Health, a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*



1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 30 1894*

4. Place of Birth, (Street and Number) *244 Montgomery St*

5. Full Name of Mother, *Ann M. Redgrad*

6. Mother's Maiden Name, *March*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Cornelius W. Redgrad*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Pa*

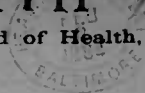
Name of Medical Attendant, or other Person who makes this Return *Herbert C. Coker M.D.*

Address, *146 Hancock St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (3rd)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 30th 1884

4. Place of Birth, (Street and Number)

229 E. Chase St.

5. Full Name of Mother,

Eurith L. Jones

6. Mother's Maiden Name,

" Barnes

7. Mother's Birthplace,

Carroll Co Md

8. Full Name of Father,

Victor L. Jones

9. Father's Occupation,

Laborer

● Father's Birthplace,

Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return

Regina A. Winter

Address,

186 Harford Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 30th 1884

4. Place of Birth, (Street and Number)

4861 Division St. Balt^o City

5. Full Name of Mother,

Agnes - P. Gorce

6. Mother's Maiden Name,

Agnes - O. Klein

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

Thomas - J. Gorce

9. Father's Occupation,

Driver - Union Transfer Co.

10. Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return

H. Moennel (Midwife)

Address,

288 Haratogastr.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Arthur Bernard Caswell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 30 1884

4. Place of Birth, (Street and Number) No 80 Fort Ave

5. Full Name of Mother, Georgian Caswell

6. Mother's Maiden Name, de Guest

7. Mother's Birthplace, Balt city md

8. Full Name of Father, Robert H. Caswell

9. Father's Occupation, Labourer

Father's Birthplace, Newfail B.I

Name of Medical Attendant, or other Person who makes this Return C. Hinton

Address, No 79 Randall St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certificates, between the first and third day of each and every month, to the Board of Health. In case the mother or other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so attending, to report its birth to the Board of Health, in the manner, and within the period above prescribed, and to pay the fee thereon, and to cause the child to be vaccinated, and to pay a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 Jan.

4. Place of Birth, (Street and Number)

13 Congh.

5. Full Name of Mother,

Kennecette Burkhardt

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Burkhardt

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



HEALTH DEPARTMENT
FEB 1 1884
BALTIMORE

intermediate, between the first and third day of each and every month to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by a person not licensed by the Board of Health, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period of time herein provided, except in the cases of the births and deaths of legitimate children, and any person or persons who shall violate this provision shall be subject to a fine of not less than five dollars nor more than ten dollars, to be recovered as other fines and penalties are recoverable.

- ### 3.2. CITY POINT: MR. AND STATISTICS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1) first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 30, 1884*

4. Place of Birth, (Street and Number) *63 Portland st.*

5. Full Name of Mother, *Mari Schaefer Stöbner*

6. Mother's Maiden Name, *Mari Schaefer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Stöbner*

9. Father's Occupation, *Piano maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Kunigunda Schlifer*

Address, *20 Columbia st.*

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above prescribed. Any parent or parents who fail to do so shall be subject to a fine of not less than five nor more than ten dollars, and to imprisonment for not less than ten days nor more than thirty days, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Female



2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 30 - 1884

4. Place of Birth, (Street and Number)

corner Sharp and West Cal
Virginia Epps

5. Full Name of Mother

Marble

6. Mother's Maiden Name

7. Mother's Birthplace

American

8. Full Name of Father

John Epps

9. Father's Occupation

Cabinet maker

10. Father's Birthplace

America

Name of Medical Attendant,

or other Person who makes this Return

Dr. Schweser

Address,

330 Hancock st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 30, 1884*
4. Place of Birth, (Street and Number) *195 - Scott St.*
5. Full Name of Mother, *Fannie Lambdin.*
6. Mother's Maiden Name, *" Linthicum*
7. Mother's Birthplace, *Dorchester Co. Md.*
8. Full Name of Father, *Charles Lambdin.*
9. Father's Occupation, *Machinist*
- Father's Birthplace, *Dorchester Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return *R. J. N. Tall. M.D.*
- Address, *152 Sharp St.*
- Remarks,

RETURN OF A BIRTH

69268

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 8. 1884

4. Place of Birth, (Street and Number)

17 Weber st.

5. Full Name of Mother,

Annie M. Walburn.

6. Mother's Maiden Name,

Annie M. Gault

7. Mother's Birthplace,

Anne. Tenn. Co. Md.

8. Full Name of Father,

Frederic D. Walburn.

Father's Occupation,

Driver

10. Father's Birthplace,

W. Va. Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. L. Carter

Address,

155 Montgomery st

Remarks,

RETURN OF A BIRTH

69269

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 30 1887
4. Place of Birth, (Street and Number) 7 Washington Street
5. Full Name of Mother, Mary Ritter
6. Mother's Maiden Name, Mary Simon
7. Mother's Birthplace, Germany
8. Full Name of Father, John Ritter
9. Father's Occupation, Silver Smith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Dr. L. M. Brown
- Address, Phister near Bel air
- Remarks,

When the child is born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 30 1884

4. Place of Birth (Street and Number)

329 N Ann St

5. Full Name of Mother

Nellie Barber

6. Mother's Maiden Name

Nellie Lapp

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Henry L. Barber

9. Father's Occupation

Electric

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

James C. Whitford M.D.

Address

195 Airgents St

Remarks

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

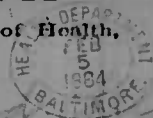
69271

1. 127

To the Office of Registrar of Vital Statistics, Board of Health,

at

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

female
white race
30 January
Baltimore
Mrs. Richard 258
Mrs. Clinton
Baltimore
Wm. Richard
Labourer
Baltimore
Mrs. Thompson
249 B. Street
Baltimore

Birth of any child shall occur within the jurisdiction of a practitioner of midwifery or other person to whom the mother is committed, and the practitioner or other person shall, within the period above required, except in the case of the birth and death of illegitimate children, and any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 30th 1884*
4. Place of Birth, (Street and Number) *Baltimore S. Green St. N.E.*
5. Full Name of Mother, *Catherine Caton*
6. Mother's Maiden Name, *Galiger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John. Caton*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Mitchell*
- Address, *N. 38 Parker St.*
- Remarks,

certification, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified in any of these professions, the person so attending shall then become and be held to be guilty of a misdemeanor, and shall be liable to a fine of not less than five dollars, nor more than ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 30, 1884*

4. Place of Birth, (Street and Number) *Claymont Street*

5. Full Name of Mother, *Jacobi Teney*

6. Mother's Maiden Name, *Julie Monson*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Marshall Teney*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Maggie Ethel*

Address, *No. 13 Gull St.*

Remarks, *Baltimore*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and only in such cases the parent or parents may be excused from so reporting, and such child shall be subject to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recovered, by the Board of Health.

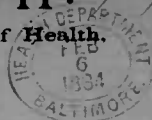
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 30th 1884*
4. Place of Birth, (Street and Number) *Baltimore Pine St. No. 54*
5. Full Name of Mother, *Mary Dolanheimer*
6. Mother's Maiden Name, *Emmick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Dolanheimer*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs. G. Mitchell*
or other Person who makes this Return
- Address, *No. 58 Parkman St.*
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st

Female

White

Jan 30th 1884

St. Vincent's Infants Asylum

Lizzie Guy

Sisters of Charity

within the period already required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 30 - 1884.

4. Place of Birth, (Street and Number)

222 Lexington st

5. Full Name of Mother,

Kate Mary Hammann

6. Mother's Maiden Name,

" " Becksti

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Hammann

9. Father's Occupation,

Boxmaker.

10. Father's Birthplace,

Twisteringen, Hanover.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



In cases the certificate, between the first and third day of each and every month to the Board of Health, of any child about occur without the attendance of a physician, or of a person duly authorized by the Board of Health, to attend to the birth of children, the person so attending to the birth of the child, or the person who shall be present at the birth of the child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 20th Jan'y 84

4. Place of Birth, (Street and Number) 185 Hamburg St.

5. Full Name of Mother, Emily H. Venable

6. Mother's Maiden Name, " " Sonnes

7. Mother's Birthplace, MD

8. Full Name of Father, Ezra H. Venable

9. Father's Occupation, Mechanic

10. Father's Birthplace, MD

Name of Medical Attendant, or other Person who makes this Return A. M. Dodge, M.D.

Address, _____

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

January 30 84

5. Place of Birth, (Street and Number)

46 Centre Market space

6. Full Name of Mother,

Nancy Cummings Casey

7. Mother's Maiden Name,

" Cummings

8. Mother's Birthplace,

Balt.

9. Full Name of Father,

Phil. Casey

10. Father's Occupation,

Box Maker

11. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this return

H. G. Moyer M.D.

Address,

1. S. E. Peter

Remarks,



birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, in the manner and to the effect provided in the Act relating to the registration of births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this Act shall be subject to a fine of ten dollars in each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 30th 1884*
4. Place of Birth, (Street and Number) *# 165 Sterling Street*
5. Full Name of Mother, *Sarah Berman*
6. Mother's Maiden Name, *Sarah Keenzer*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Joseph F. Berman*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return *Henry Hillegast*
- Address, *182 E Monument St*
- Remarks, _____

NOTICE

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was received in the same
condition and microfilmed
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assure legibility and com-
pleteness.**

RETURN OF A BIRTH, 1928

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January the 30 1884

4. Place of Birth, (Street and Number)

Baltimore 270 Port Avenue

5. Full Name of Mother

Mary Western

6. Mother's Maiden Name

Ellen Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Western

9. Father's Occupation

Laborer

Father's Birthplace

San Chester County, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Harrison

Address

No 10 Barney St Baltimore

Remarks

Mother and child is along first street

name of the mother of such child or children.

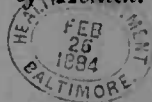
Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 29 - 1894 -

4. Place of Birth, (Street and Number)

299 W. Lombard

5. Full Name of Mother

Jannie Maas

6. Mother's Maiden Name

Kemper

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Arson Maas

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other person who makes this return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

RETURN OF A BIRTH

1902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Early part of January*

4. Place of Birth, (Street and Number) *St. Pauline*

5. Full Name of Mother, *Elizabeth*

6. Mother's Maiden Name, *Stensland*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John*

9. Father's Occupation, *Salvage*

10. Father's Birthplace, *England*

Name of Medical Attendant, *Dr. J. H. H. H.* or other Person who makes this Return.

Address, *37 Bayview Street*

Remarks,

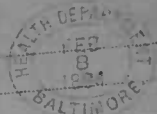
NOTICE

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as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 31st 1884*
4. Place of Birth, (Street and Number) *350 Hamburg St.*
5. Full Name of Mother, *Maggie Virginia Leggett*
6. Mother's Maiden Name, *Maggie Virginia Turner*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Edward Leggett*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Alabama*

Name of Medical Attendant, *Dr. J. J. [unclear]*
Address, *[unclear]*
Remarks, *[unclear]*

[illegible]

4

male

white

Jan 31

49 made of

Jennie Mills

1 = Hill

Clarke County

mikum. mits

caption at lug boat

6. 11. 1906

or other Person who
makes this Return

Mary putter
59 medical

59 material

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

caucasian

3. Date of Birth,

31st January

4. Place of Birth, (Street and Number)

No 84 Gile Street

5. Full Name of Mother,

Amelia Jane Hattin

6. Mother's Maiden Name,

Amelia Jane Anderson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isaac Riley Hattin

9. Father's Occupation,

Porter

10. Father's Birthplace,

Brooklyn, Orange County, Md.

Name of Medical Attendant,

or other Person who makes this Return

Lusan Morgan

Address,

47 N. Larchmont Street

Remarks,

certificates, between the first and third day of each month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, and make such return, and should any other person be in attendance upon the mother, immediately thereafter, if shall then become the duty of such person to report its birth to the Board of Health, and to make such return, and should any person or persons within the period above specified, fail to comply with the provisions of this act, or subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Name *George William Piskel*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31st January

4. Place of Birth, (Street and Number)

381 W. Pratt St.

5. Full Name of Mother,

Mrs. Emma Piskel

6. Mother's Maiden Name,

Mrs. Emma Baker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. George A. Kold

9. Father's Occupation,

Coach Painter

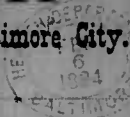
10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 7-11-56
RETURN OF A BIRTH.

69288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Blanche Weaver



- No. of Child of Mother, (~~state whether 1st, 2d, 3d, 4th~~) *Female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Jan'y 31 - 1884*
4. Place of Birth (Street and Number) *1455 Mulberry St.*
5. Full Name of Mother *Alma Weaver*
6. Mother's Maiden Name *Alma Armstrong*
7. Mother's Birthplace *Balt Md*
8. Full Name of Father *Gideon Weaver*
9. Father's Occupation *Confederate*
10. Father's Birthplace *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Ralph Kneass*
- Address *3340 Thurgott St.*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 31st

4. Place of Birth (Street and Number)

No. 66 Henrietta st

5. Full Name of Mother

Annie E Perkins

6. Mother's Maiden Name

Annie E Hutchins

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George W Perkins

9. Father's Occupation

Undertaker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Baker

Address

No 66 Cedar cley

Remarks

born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



69584

birth of any child shall occur without the attendance of a physician, and every parent, mother, or nurse, who should no other person be in attendance upon the mother, immediately thereafter, it is the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons designated by the Board of Health, and to file a certificate of such birth with the Board of Health, and to pay a fee of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

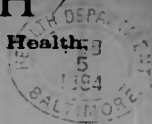
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 31st 1884*
4. Place of Birth, (Street and Number) *NW 386 Light st*
5. Full Name of Mother, *Margaret M. D. Baum*
6. Mother's Maiden Name, *Miller*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Charles Baum*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other Person who makes this Return *Joseph A. Simmons*
- Address, *N. 800 Grand St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. first.*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *January 31 - 1884*
4. Place of Birth, (Street and Number) *20 Columbia St.*
5. Full Name of Mother, *Miena Meyer*
6. Mother's Maiden Name, *Miena Hungarland*
7. Mother's Birthplace, *Hanover, Germany*
8. Full Name of Father, *Frederick Meyer*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Hanover, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Wm. Kunigunda Schlifer*
- Address, *20 Columbia St.*
- Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or about any other person to in at all instances upon the mother, immediately thereafter, it shall then become the duty of the mother to report the birth of the child to the Registrar of Health, in the manner, and within the period above required, except in the cases of the birth and death of a child, which shall be reported by any person or persons who shall hereafter fail to comply with the provisions of this act, such person or persons shall be liable to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 31st 1884

4. Place of Birth, (Street and Number)

Baltimore Burgundy St 1188

5. Full Name of Mother,

Emma Block

6. Mother's Maiden Name,

Perrenna

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles. Block

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N. 58 Parkin

Remarks,

[illegible]

TH
Baltimore City

God Child

Female

W. Lute

31st Day of January 1884

#378 w Lombard St

Mary Virginia Cliford

Mary Virginia Dobson

Baltimore City

Charles Keeney - Clifford

Gas Fitting plumber

Baltimore City

or other Person who
makes this Return

Mrs Hunter

21 No. Apperlyton St.

DR. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Seventh.
Female
White

January 31st 1884.

No 23 Gramby St.

Carrie Curran

Carrie Madden

America

Peter Curran

Laborer

Ireland

Mrs Eliza Flemming

No 93 Albemarle St

City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 31st

4. Place of Birth, (Street and Number) No 1. Rise St

5. Full Name of Mother, Callie Brooks

6. Mother's Maiden Name, Callie Bowie

7. Mother's Birthplace, Charles County

8. Full Name of Father, Ben Bowie

9. Father's Occupation, hostler

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return M^{rs} M. Blake

Address, 28 Carlton St

Remarks, Healthy and improving

of the parents, and the maiden name of the mother of such child or children."

the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, there shall be no other person to be in attendance upon the mother, immediately thereafter, if shall then become the duty of the parent or parents of such child to report the birth to the Board of Health. In the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and in any case where the midwife or other practitioner failed to comply with the provisions of the act, then shall be subject to a fine of not more than ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "FEB 4 1884" is stamped in three lines.

- or other Person who
makes this Return

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

name of child, John C. Heath first

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 o'clock Friday morning 30th January

4. Place of Birth, (Street and Number)

39 Watson St.

5. Full Name of Mother,

Julie Heath

6. Mother's Maiden Name,

Mrs. Julie McCabe

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Edward Heath

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Alexandria, Va.

Name of Medical Attendant,

or other Person who makes this Return

Euseb Morgan

Address,

47 North Durban St.

Remarks,



of the person, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Jan 31*

4. Place of Birth, (Street and Number) *14 Edmond st*

5. Full Name of Mother, *Kate Mack*

6. Mother's Maiden Name, *not married*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

*Mrs. Lick Johnson
no 14 Edmond st
Healthy child*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12*
1. Sex, (state whether male or female) *Colored female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Jan. 31. th 1884*
4. Place of Birth, (Street and Number) *128 N. Durham st*
5. Full Name of Mother, *Elzebeth Johnson*
6. Mother's Maiden Name, *Montgomery*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *John H Johnson*
9. Father's Occupation, *Shucker*
10. Father's Birthplace, *Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Hennetta Glascoe.*
- Address, *Mc. Eldery St. Extended*
- Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

1805/50

[illegible]

64

Th. l. l.

Field

1. 1911. 31. 1. 11

Caroline R. Quincy Ab.

See Generation

Frederick

Fraser

Free Press &c.

24-1

[Signature]

May 20th

1335. *Quercus* *st.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

first

female

white

~~Jan 31~~ Jan 31

N C Co Green & German

Hannah & Ronick

Graf

Russian

Levi Ronick

Polish

Russian

A. F. Fink

child only lived a few minutes

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st January 1884*

4. Place of Birth, (Street and Number) *566 Eastern Ave. Highingtown*

5. Full Name of Mother, *Ellie Jean*

6. Mother's Maiden Name, *Ellie Jink*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Gerhold Jink*

9. Father's Occupation, *Milk Dairy*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Creighton Knobel*

Address, *11 North Chapel St. per Creighton Knobel*

Remarks, *Healthy*

should be attended by a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is qualified by law to attend such cases, and who shall immediately thereafter, it shall then become the duty of the person or persons so attending, to make and sign a return of the birth of such child, and to forward the same to the Registrar of Vital Statistics, within the period above required, except in the cases of the births and deaths of children, who are born or die in the arms of their parents, and who are not subject to a fine of ten dollars.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

Full Name of Mother

6. Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

21st January 1884
138 Greenmount Street

Anna Prall

Anna Wair

Germany

Richard Prall

Labourer

Germany

Mar. Elizabetha Smith

1784 Lexington St.

Baltimore, Md.

Jan 18 1884

Missing

69306

89307

Baltimore City

1947

13

187

AT LING

1990-1991

10

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

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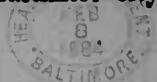
2200

10

STATISTICS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 1, 1884

4. Place of Birth, (Street and Number) No 159 N. Bethel St Balt. Md

5. Full Name of Mother, Theresa Harris

6. Mother's Maiden Name, Read

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Harris

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, No 5 Walker St. Balt. Md.

Remarks,

Part of or child shall be without the attending physician, or of
should no other person be in at times upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner, and
within the period above prescribed, and, except in the cases of the births and deaths of illegitimate children, and
any person who fails to do so, shall be liable to a fine of ten dollars to be recovered as other fines and penalties
are recoverable.

RETURN OF A BIRTH

1909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)...

Female -

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Friday Feb 17 1884

4. Place of Birth, (Street and Number)

178 Wayne St -

5. Full Name of Mother,

Rosa Burke

6. Mother's Maiden Name,

Rosa Hopkins -

7. Mother's Birthplace,

Talbot Co. Maryland

8. Full Name of Father,

Solomon Burke

9. Father's Occupation,

Fireman on Steamer

10. Father's Birthplace,

Talbot Co. Maryland -

Name of Medical Attendant, or other Person who makes this Return.

Sarah A. Jones

Address,

15 Conway St -

Remarks,

In good condition

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
any person or persons who shall be so negligent as to fail to comply with the provisions of this section shall be subject
to a fine of ten dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Female

White

FEB 1 1884

324 E 1st St

Flora Lehman

Hera Heyman

City
Lehman

Merchant

Philadelphia

A. A. Wood



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and to the effect hereinafter provided, and the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

BALTIMORE

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 1st 1884

4. Place of Birth, (Street and Number)

No. 5 Weber St

5. Full Name of Mother,

Anna Schneider

6. Mother's Maiden Name,

Levy

7. Mother's Birthplace,

America

8. Full Name of Father,

John Schneider

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schugart midwife

Address,

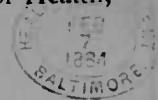
330 Hancock St

Remarks,

RETURN OF A BIRTH.

69312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Feb 1st 1884.*

4. Place of Birth (Street and Number) *350 Franklin St*

5. Full Name of Mother *Mary McCubbin*

6. Mother's Maiden Name *Mary Biel*

7. Mother's Birthplace *Washington D.C.*

8. Full Name of Father *Nicholas C. McCubbin*

9. Father's Occupation *Barber*

10. Father's Birthplace *Washington D.C.*

Name of Medical Attendant, or other Person who makes this return *A. C. Fox, M.D.*

Address *506. St. Payette St*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *Feb. 1st. 1884*
4. Place of Birth (Street and Number) *No. 41 Oxford St.*
5. Full Name of Mother *Indiana Collins*
6. Mother's Maiden Name *Beckett*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Severn Collins*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner.*
- Address *120 W. Greene St.*
- Remarks

RETURN OF A BIRTH

693121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 1st 1884

4. Place of Birth, (Street and Number) 81 Burgandy Alley,

5. Full Name of Mother Susan School-

6. Mother's Maiden Name,

7. Mother's Birthplace, Annapolis MD

8. Full Name of Father, John School-

9. Father's Occupation, Laborer

Father's Birthplace, Annapolis Maryland

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

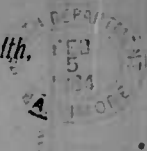
Address, 71 Burgandy Alley

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second

Male

White

Feb. 1st 1884

9 Ridgely St.

Caroline

Bartels

Germany

Charles Greinus

Cabinet maker

Germany

John Smith M.D.

281 S. Charles St.

Should a mother be in at childbirth without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is not a duly licensed person, the mother, immediately thereafter, shall report the birth to the Board of Health, in the manner, and at the time, and to the person, provided by law. If the mother, or the person attending the birth, or the person who is not a duly licensed person, shall, however, fail to comply with the provisions of this law, the Board of Health may, at its discretion, impose a fine of not more than \$100, or may, at its discretion, order the mother, or the person attending the birth, or the person who is not a duly licensed person, to be removed from the premises.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight
54

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5-A M. Feb. 12 1884

4. Place of Birth, (Street and Number)

641 Carrollton Ave.

5. Full Name of Mother,

Laura Jane Hartman

6. Mother's Maiden Name,

Shurwood

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas F. Hartman

9. Father's Occupation,

Bricklayer & Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Skerter

Address,

2146 Poppleton St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly licensed by the Board of Health, it shall be deemed the duty of the person so attending to call upon the Board of Health, and to file a statement of the birth of the child, and of the attendance of the person so attending, within the period above specified, except in the cases of the birth and deaths of children, in which cases the statement shall be subject to a fine of ten dollars, and such offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 11th 1891

4. Place of Birth. (Street and Number)

1234 Hunter St.

5. Full Name of Mother,

Josephine Breker

6. Mother's Maiden Name,

Josephine Hoffmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Breker

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Friedrich Kaufmann

Address,

1234 S. Teller St.

Remarks,

Healthy

should no other person be in at evidence upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and subject to the provisions of the Act, and to comply with the provisions of the Act, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 1st

4. Place of Birth, (Street and Number) 226 York St

5. Full Name of Mother, Hannah Robb

6. Mother's Maiden Name, Virginia

7. Mother's Birthplace, "

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return Sarah J. Wilson

Address, 252 Hughes St

Remarks,



RETURN OF A BIRTH.

87320

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) = *First* =
1. Sex (state whether Ma.'e or Fe.'e) = *Male*
2. Race or Color (if not of the white race) = *White*
3. Date of Birth = *Feb - 1st 1884*
4. Place of Birth (Street and Number) = *90 Edmondson Ave*
5. Full Name of Mother = *Hannah Berger*
6. Mother's Maiden Name = *Braunstein*
7. Mother's Birthplace = *City*
8. Full Name of Father = *Louis Berger*
9. Father's Occupation = *Barber*
10. Father's Birthplace = *Frankfort - Maine - Germany*
- Name of Medical Attendant, or other Person who makes this Return = *W. A. B. Sellman M. D.*
- Address = *No. 46. West Biddle Street*
- Remarks

should no other person be in at evidence upon the mother, immediately thereafter, it must be signed by the mid-wifery, or duty of the parent or parents of such child to report its birth to the Board of Health. In the manner and form prescribed by the Board of Health, the cases of the births and deaths of illegitimate children, and any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *117th child*



1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of February 1884*

4. Place of Birth, (Street and Number) *41 North Canal Street*

5. Full Name of Mother, *Annie Lara Pope*

6. Mother's Maiden Name, *Annie Lara Kietrich*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Adam Kietrich*

9. Father's Occupation, *Laborman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *11 North Canal Street per Crescentia Kunkel*

Remarks, *Healthy*

should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report as farly to the Office of Health, in the manner, and within the period above required, except in the cases of still births and deaths of illegitimate children, and in such cases the duty of reporting shall be upon the physician attending the mother, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st February 1884*
4. Place of Birth, (Street and Number) *No 20 Gold, Lane*
5. Full Name of Mother, *Natalie Meyer*
6. Mother's Maiden Name, *Natalie Reine*
7. Mother's Birthplace, *Ohio*
8. Full Name of Father, *Henry Meyer*
9. Father's Occupation, *Leather*
10. Father's Birthplace, *Ohio*
- Name of Medical Attendant, or other Person who makes this Return *Salina G. Graham*
- Address, *No 128 West St*
- Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

69.323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First,

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb. 1-27/84

4. Place of Birth, (Street and Number)

323 Franklin St.

5. Full Name of Mother

Ira E. Massey

6. Mother's Maiden Name

Gilbert

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

James J. Massey

9. Father's Occupation

Cox Contractor & Driver.

10. Father's Birthplace

Richmond Va.

Name of Medical Attendant, or other Person who makes this Return.

H. R. Fetterhoff M.D.

Address

205 W. Biddle St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19 Cathedral St.

4. Place of Birth, (Street and Number)

Feb 1st 1884

5. Full Name of Mother,

Lisa B. Freighe

6. Mother's Maiden Name,

Lisa B. Winchester

7. Mother's Birthplace,

Boston, Mass.

8. Full Name of Father,

Fred B. Freighe

9. Father's Occupation,

Attorney

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

John Lenthin

Address,

No. 2 Cathedral St.

Remarks,

RETURN OF A BIRTH

19325

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 1 1884

4. Place of Birth, (Street and Number) 115 Green Mount Avenue

5. Full Name of Mother, Anne M. Biggins

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William W. No Biggins

9. Father's Occupation, Carpenter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. B. Baldwin

Address, 124 N. Eyster

Remarks, Child's name William Henry Biggins

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 12 1884

4. Place of Birth, (Street and Number)

370 S. Utah St

5. Full Name of Mother,

Marian O. Heins

6. Mother's Maiden Name,

Marian Owens

7. Mother's Birthplace,

B. City

8. Full Name of Father,

George Heins

9. Father's Occupation,

Glassblower

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Harvey Hill M.D.

Address,

22 E. Calhoun & Edmondson

Remarks,

certificate, between the first and third day of each and every month, to the Board of Health, in case the child is born at home, and to the Registrar of Births, in case the child is born in a hospital, and in either case, the parent or other person who should be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent, or person so in attendance, to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, except in the case of the birth and death of legitimate children, and in the case of illegitimate children, and in the case of children born of married women, who are subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 286 Mc Donogh St

Remarks,

February 1 - 1884

10 Chase St - 11th

Ann F. Bell

Anna F. Hugelmyer.

Balto

Charles Bell

Clerk

Baltimore

Harry Alwardt

birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and of children born of women who are reputed to be prostitutes, in which cases the provisions of this section shall be subject to a fine of ten dollars for each offence, to be revivified as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 Feb.

4. Place of Birth, (Street and Number)

16 Concord

5. Full Name of Mother,

Lizette Brown

6. Mother's Maiden Name,

Stephenson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Brown

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard

Remarks,



certificate, between the last and first day of each and every month, to the Board of Health, is from the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in its presence, then the mother, immediately thereafter, it shall then become the duty of the mother, to file a statement of the birth of such child, and of the name of the child, and of the date of its birth, with the Board of Health, within the period above specified, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 February

4. Place of Birth, (Street and Number)

69 Lombard

5. Full Name of Mother,

Anny Cassidy

6. Mother's Maiden Name,

Hick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Cassidy

9. Father's Occupation,

Cane maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

67-531

[illegible]

RECEIVED
9
1994
GALIMORE

- 

Sussex Hunter-

11-23 Pappellau St

Pajpeltan St

RETURN OF A BIRTH, 67332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Stuart Cator Hopper



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 2d 84

4. Place of Birth, (Street and Number)

218 N. Calvert St.

5. Full Name of Mother

Sallie Leator Hopper

6. Mother's Maiden Name

Sallie Leator

7. Mother's Birthplace

Baltimore

8. Full Name of Father

S. W. J. Hopper

9. Father's Occupation

Insurance Business

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. C. Milson Jr

Address

146 Park Avenue

Remarks

GIVEN NAME ADDED.

2-13-52

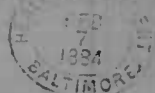
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb. 2. 1884
4. Place of Birth (Street and Number) Baltimore, City, 181. Barru St.
5. Full Name of Mother Mary E. Beckett
6. Mother's Maiden Name Mary E. Meiler
7. Mother's Birthplace Baltimore City
8. Full Name of Father John P. Beckett
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer
- Address 114 Ridgely St
- Remarks

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Febry 2nd 1884.*
4. Place of Birth (Street and Number) *123. West Fayette St.*
5. Full Name of Mother *Fannie Alethia Spamer*
6. Mother's Maiden Name *Fannie A. Thomas*
7. Mother's Birthplace *Baltimore Co. Md.*
8. Full Name of Father *Adolph Spamer*
9. Father's Occupation *Collector*
10. Father's Birthplace *Baltimore. Md.*
- Name of Medical Attendant, or other Person who makes this return *A. L. Dr. M.D.*
- Address *506. W Fayette Street*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Elizabeth Jane Walker

Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child



1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Female

White

Feb 2 1884

South Charles St.

Elizabeth Walker

Elizabeth Duke

Baltimore Md

William A Walker

Laborer

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

TH 69337

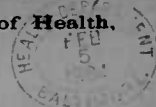
HEALTH DEPARTMENT
FEB 6 1984
BALTIMORE

- certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the father of the child or the mother, or any other person, immediately thereafter, it shall then become the duty of the father or mother, or such other person, to cause to be reported to the Board of Health, in the manner and within the period of time herein prescribed, the names of the father, mother, child, the name and address of any person or persons who attended the birth, and the date of the birth, and the sex of the child, and to a fine of ten dollars for each failure, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

19329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

the second

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

the second Day of Feb. 1884.

4. Place of Birth, (Street and Number)

No. 1000 St. No. 51.

5. Full Name of Mother,

Jenny Cunningham

6. Mother's Maiden Name,

Jenny Welsek

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frank Cunningham

9. Father's Occupation,

Saddler

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Sarah Woodson

Address,

No. 120 Greenmount Ave.

Remarks,

pieces of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each month, to the Board of Health. In case the birth of a child shall occur without the attendance of a physician, the parent or parents of such child shall be held responsible for the same, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 2nd 1884*
4. Place of Birth, (Street and Number) *Nº 27 W. St*
5. Full Name of Mother, *Ellen Kesselinger*
6. Mother's Maiden Name, *" " Farmer*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Charles Kesselinger*
9. Father's Occupation, *Basket Maker*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return *Sophia Sauer*
- Address, *Nº 70 Grandy St.*
- Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is qualified to attend upon the mother, immediately thereafter, it shall then become the duty of the parent or person so attending to report the birth of the child to the Board of Health, in the manner and within the period of time required, except in the cases of the birth of a child of a woman who is a patient in any person or persons, or who is confined in any hospital, or who is confined in any other place, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 2, 1884*
4. Place of Birth, (Street and Number) *Townsend Street No. 52*
5. Full Name of Mother, *Caroline Koenig*
6. Mother's Maiden Name, *Caroline Botten*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Koenig*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Magic Ettel*
- Address, *No. 13 Lake Street*
- Remarks, *Baltimore*

III

[Faint handwritten notes at the bottom of the page]

2 one

- Female

Wm. Buddenbach H.D.

166. S. Pacast.

U.S. GOVERNMENT PRINTING OFFICE: 1967

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb. 2/84

4. Place of Birth, (Street and Number)

170. Drygle St.

5. Full Name of Mother

Katie G. Barmen

6. Mother's Maiden Name

Lester

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John G. Barmen

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other person who makes this return.

H. R. Netterhoff M.D.

Address

205 W. Riddle St.

Remarks

Consent, whether full or not, the full name, nativity, and residence of the father, and the name of the mother of such child or children.

should no other person be in at midnight upon the mother, immediately thereafter, it shall be the duty of the parent or parents or such child to report its birth to the Pearl of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the provisions of this section shall be subject to a fine of ten dollars for each offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of February 1884

4. Place of Birth, (Street and Number) No 13 Patapsco

5. Full Name of Mother, Lizzie Tillman

6. Mother's Maiden Name, Lizzie Virginia

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Mordecai Tillman

9. Father's Occupation, Salvage

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Goodrich

Address, No 108 West St (1884)

Remarks, _____



RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth

5. Place of Birth, (Street and Number)

6. Full Name of Mother

7. Mother's Maiden Name

8. Mother's Birthplace

9. Full Name of Father

10. Father's Occupation

11. Father's Birthplace

12. Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st.
Female

Feb 2/84

22 E. Monument St

Elizabeth Mitchell

" Callahan

Balto.

William F. Mitchell

Miner

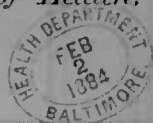
Balto.

Wm. A. P. White

54 Avenue St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 42 Low St Nov. 6 1883

4. Place of Birth, (Street and Number) 42 Low St

5. Full Name of Mother, Harriet Ann Mason

6. Mother's Maiden Name, Browley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Walker Mason

9. Father's Occupation, Waiter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Edwin C. Baldwin

Address, 124 N Eyster St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



1. ^{1st} Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *February 2nd, 1884*
5. Place of Birth, (Street and Number) *231 Battery Ave*
6. Full Name of Mother, *Mary A. Lentz*
7. Mother's Maiden Name, *Gullen*
8. Mother's Birthplace, *Baltimore, Md*
9. Full Name of Father, *George H. Lentz*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Baltimore, Md*
12. Name of Medical Attendant, or other Person who makes this Return. *Robert C. Rowe, M. D.*
13. Address, *222 Light St*
14. Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

Feb 1st 1884

Cor. Cedar and Wolf Sts

Ellen Marks

" Bowman

Pennsylvania

Henry Marks

Carpenter

Pennal.

Silas H. Hunter M.D.

36 Greenmount Ave.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Birth of any child shall occur without the attendance of a physician, or of a midwife, or of any other person in attendance on the mother, immediately thereafter, the mother shall be taken to the Board of Health, in the case of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, BOSTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Saturday Feb 2

4. Place of Birth, (Street and Number) North St

5. Full Name of Mother, Corie Mulin

6. Mother's Maiden Name, Corie Buckner

7. Mother's Birthplace, West Virginia

8. Full Name of Father, George M. Huber

9. Father's Occupation, Chickadee

10. Father's Birthplace, Chickadee

Name of Medical Attendant, or other Person who makes this Return Chickadee

Address, 10 North

Remarks,

any other person to in at evidence upon the mother immediately thereafter, or within the period above required, except in the case of the birth and delivery of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 2nd 1884*

4. Place of Birth, (Street and Number) *113 of Smith St.*

5. Full Name of Mother, *Marie Andrew*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Andrew*

9. Father's Occupation, *Surgeon*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm C Brinsford*

Address, *1136 Lombard St.*

Remarks, _____



69312

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the child to be taken to the local health officer, and within the period above required, except in the case of the births and deaths of illegitimate children, and many persons or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of not less than \$100 nor more than \$500 for each offence, to be recovered as other fines may be recovered, and such persons shall be deemed to be guilty of a misdemeanor.

- #### STAY PRINTERS AND STATIONERS

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69553

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Feb 2nd 1884

4. Place of Birth (Street and Number) 47 E Biddle

5. Full Name of Mother Minnie Hale

6. Mother's Maiden Name Minnie Lang

7. Mother's Birthplace Baltimore City

8. Full Name of Father Andrew Gale

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

J. J. Linnard M.D.

Address

242 N. Broadway

Remarks

Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of medicine, or of a midwife, or of any other person, the said certificate shall be in the form of a declaration, signed by the person who attended the birth of the child, in the manner and to the effect required, except in the cases of the births and deaths of illegitimate children, and in such cases the certificate shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 2 - 1884

4. Place of Birth, (Street and Number)

No 211 N Holl St.

5. Full Name of Mother,

Kate Merciman

6. Mother's Maiden Name,

Kate Caley

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Frederick Merciman

9. Mother's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry A Adwell

Address, *286 N Donagh St*

Remarks:

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance, the mother, or other person, shall be liable to a fine of five dollars, for each child so born, if such child is not reported to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3^d Feby

4. Place of Birth, (Street and Number)

410 Harford Avenue

5. Full Name of Mother,

Kate Scuffler

6. Mother's Maiden Name,

Kate Hartman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Scuffler

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. Hilligier

Address,

182 E Monument Street

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Two children

1. Sex (state whether Male or Female)

Female child

2. Race or Color (if not of the white race)

Collard's child

3. Date of Birth

February 3. 1884.

4. Place of Birth (Street and Number)

No 20 Jasper St

5. Full Name of Mother

Miss Alice Wilson.

6. Mother's Maiden Name

7. Mother's Birthplace

North. Hampton. Va

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Dorrill

Address

No 9 Jasper St

Remarks

Baltimore

118

born, its or their physical condition, who
of the parents, and the maiden name of

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

Northampton. CA

Mrs Sarah L. Roll
109 Jasper St
Bellingham
WA

RETURN OF A BIRTH ⁶⁹³⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Feb 3 - 84*
4. Place of Birth, (Street and Number) *120 Hill St*
5. Full Name of Mother, *Louisa Dowdy*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Accomac Co Va*
8. Full Name of Father, *John Dowdy*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *Accomac Co Va*
- Name of Medical Attendant, or other Person who makes this Return, *Wm Ann Cornish*
- Address, *34 Boyd St*
- Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 11 1873*
4. Place of Birth, (Street and Number) *W. Va. 1st*
5. Full Name of Mother, *Martha Jane Harrison*
6. Mother's Maiden Name, *Martha Jane Harrison*
7. Mother's Birthplace, *W. Va. 1st*
8. Full Name of Father, *Martha Jane Harrison*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *W. Va. 1st*
- Name of Medical Attendant, or other Person who makes this Return *W. Va. 1st*
- Address, *W. Va. 1st*
- Remarks, *The child is well.*

any person who shall neglect or refuse to comply with the provisions of this act, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who shall neglect or refuse to comply with the provisions of this act, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) H. P. L.

3. Date of Birth, February 3rd 1884

4. Place of Birth, (Street and Number) 16 Alland St. # 58

5. Full Name of Mother, Anna S. S. S.

6. Mother's Maiden Name, " S. S. S.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Frank S. S.

9. Father's Occupation, Inspector

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. R. S.

Address, 48 Alland St.

Remarks, _____



RETURN OF A BIRTH

69360

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *Feb 3 1884*

5. Place of Birth, (Street and Number) *436 Green St. Balt.*

6. Full Name of Mother, *Margaret Swibull*

7. Mother's Maiden Name, *Seaton*

8. Mother's Birthplace, *Balt. Md.*

9. Full Name of Father, *Edw. Swibull*

10. Father's Occupation, *Brushy Materials*

11. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this return *Smith Jones*

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, sex, age, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3, Third.*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February 3, 1884.

4. Place of Birth, (Street and Number)

132. Sterrett St

5. Full Name of Mother,

Mammie Perrott

6. Mother's Maiden Name,

Mammie Reddicord

7. Mother's Birthplace,

Baltimore, City

8. Full Name of Father,

George Will. Perrott

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Washington, D.C.

Name of Medical Attendant,

or other Person who makes this Return

Wm. Kunigunda Schlifer

Address,

20 Columbia St

Remarks,

67-112

should no other person be in attendance upon the mother immediately before or after birth, and if said first person be the father or parent of such child to report its birth to the Department of Health, in the manner, and within the period above stated, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of not more than one dollar for each offense, to be recovered as other laws and penalties are provided.

2nd Edition
Hale

Male

BALTIMORE

Feb 3rd 1884

No. 39 James Alley

Suzanne L. Klein

Brenner

of America

Louis Schlegel

Plummer

America

1 - Lohwasser widow
330 Hancock st.

330 Hancock St

ITS PLANTER AND STATIONER.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

69364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3d of February 1894
4. Place of Birth (Street and Number) no 217 N. Hollans St
5. Full Name of Mother Anna Hladky
6. Mother's Maiden Name Anna Pazourek
7. Mother's Birthplace Bohemia
8. Full Name of Father John Hladky
9. Father's Occupation Shoe maker
10. Father's Birthplace Bohemia
Name of Medical Attendant, or other Person who makes this Return. Katerina Pazourek
Address no 41. Abbott St.
Remarks Born Live

1935

[illegible]

- Second. *Chilodactylus*
Little. *Gire*
White. *Reuss*

64.366

certificates, between the first and third day of each and every month to the Board of Health. In case the birth certificate shall occur without the attendance of a physician, or of a practitioner of midwifery, it should no longer be valid; and the person who has caused its issue should report its invalidity to the Board of Health, in the manner, and at the time, prescribed by law. If such person fails to do so, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Remarks, _____ Date _____

RETURN OF A BIRTH 69367

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 3rd 1884

4. Place of Birth, (Street and Number)

Cor. Gay + 7th Avenue

5. Full Name of Mother,

Evelina Wergentzke

6. Mother's Maiden Name,

" Lohmeyer

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

Walter F. Wergentzke

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

D. Street M.D.

Address,

143 W. Exeter St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Feb. 3rd 1884

4. Place of Birth (Street and Number)

No 39

Levee St

5. Full Name of Mother

Sarah P. Saunders

6. Mother's Maiden Name

" " Sensesay

7. Mother's Birthplace

Baltimore City Md

8. Full Name of Father

James B. Saunders

9. Father's Occupation

Fireman on Railroad

10. Father's Birthplace

State of Virginia

Name of Medical Attendant, or other Person who makes this Return.

A. J. Board M. D.

Address

No 169 Bank St. Balt. City

Remarks

This Child being 6 1/2 months old
and died in a few hours after birth - hand
was perimature & the result of unknown mischief
The early birth - most likely from an excessive cold

RETURN OF A BIRTH 69369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th.

Male.

White.

Feb. 3. 5. A. M.

108. S. Fulton St.

Maggie Roden

Maggie Reville.

Ireland.

Bernard Roden.

Householder BxOR.

Baltimore.

J. H. Gaston M.D.

543. E. Myrtle St.

State, the mother's physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

certificates, between the first and third day of each and every month, to the Registrar of Vital Statistics, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at all times upon the mother, immediately thereafter, it shall then become the duty of the person so failing to report, to report the birth of the child, in the manner, and within the period above prescribed, or to pay the fine of ten dollars for each offense, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2d of February 1884*

4. Place of Birth, (Street and Number) *28 East Calver Street*

5. Full Name of Mother, *Mary I. Kisch*

6. Mother's Maiden Name, *Mary I. Schneider*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Nick Schneider*

9. Father's Occupation, *Laborman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Dunkel*

Address, *21 North Chapel St. for Justina Dunkel*

Remarks, *Healthy*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 3d 1894

4. Place of Birth, (Street and Number)

161 N. Foca

5. Full Name of Mother.

Margaret E. Barton

6. Mother's Maiden Name,

Heatherly

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Daniel Barton

9. Father's Occupation, ...

Clerk

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

W. H. Diffeenderfer M.D.

Address,

146 Bolton St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the form of a certificate, within the period above required, except in the case of still-born children, and in the case of children born to a woman who is recovering from an infectious disease, in which case the certificate shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored child

3. Date of Birth.

4 February, 1884

4. Place of Birth, (Street and Number)

No 21, Water st

5. Full Name of Mother,

Charity Cross

6. Mother's Maiden Name,

Christy Blake

7. Mother's Birthplace,

Prince Georges Md.

8. Full Name of Father,

E. Cross

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

Calvert, Co, Md

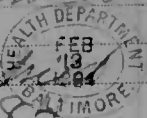
Name of Medical Attendant, or other Person who makes this Return

Mary C Jones

Address.

No 17 Water st

Remarks,



death of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any person be in attendance upon the mother, immediately thereafter it shall then become the duty of such person to report the death of such child to the nearest health officer in the city or town in which the period above required, except in the cases of the births and deaths of illegitimate children, and many women or persons who have been heretofore failed to comply with the provisions of said section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Health, Balti

3

Female

4 Feb.

9 Lombard

Ellen Stewart

Enreit

England

Alexander Stewart

Favern.

England

Sarah Casper

72. E. Lombard

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



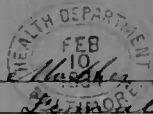
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11
4. Place of Birth, (Street and Number) 16402 Eastern Ave
5. Full Name of Mother, Emma Galobury
6. Mother's Maiden Name, Brooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Galobury
9. Father's Occupation, Structures
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Sarah P. Harrington
Address, 16387 Eastern Ave
Remarks,

RETURN OF A BIRTH, 69.3.75

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) child 1st
 whether male or female) Female
 r, (if not of the white race) colored race Brown skin
February 4th 1884
 th, (Street and Number) Baltimore city Md. 1817 Jefferson
 Mother Mrs Rachel Hitchens
 den Name Miss Rachel Thomas
 hplace Baltimore city Md.
 Father Edward Hitchens
 apation Can maker
 hplace Baltimore city Md.
 licial Attendant, or other Person who makes this Return. Mrs L. M. Camphor
119 Union st near Elden



Birth of a child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, upon the mother, immediately thereafter, it shall then become the duty of the father, or of the mother, or of any other person, to cause the birth to be registered in the manner, and within the period also therein prescribed, except in the cases of the births and deaths of children, the provisions of which shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles J. Starke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Monday February 11th 1884

4. Place of Birth, (Street and Number)

1043 Marion Street

5. Full Name of Mother,

Amie. Barbara. (Starke). Starke

6. Mother's Maiden Name,

Annie Barbara Wengoe.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

George Wm. Starke. Starke

9. Father's Occupation,

Warrisher.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21st St. Bannetton St

Remarks,

CERTIFICATE CORRECTED *9-14-53*

h. m.

RETURN OF A BIRTH

69377

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



learn, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female).

Female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 4/84

4. Place of Birth, (Street and Number)

32 N. Bond

5. Full Name of Mother,

Elizabeth White

6. Mother's Maiden Name,

" Thompson

7. Mother's Birthplace,

Texas

8. Full Name of Father,

Fredrick H. White

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Imperial Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 Broadway

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person, parent or parents, who neglects to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *14 of February 1884*

4. Place of Birth, (Street and Number) *373 Canton ave*

5. Full Name of Mother, *Flornice v Rode*

6. Mother's Maiden Name, *Florna v Glen*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Louis Rode*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*

Address, *No 17 Patterson Park ave*

Remarks,



RETURN OF A BIRTH

89379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Childum 10*
1. Sex, (state whether male or female) *Female* ~~Born on the 4~~
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Born on the 4*
4. Place of Birth, (Street and Number) *Johnson St No 57*
5. Full Name of Mother, *Mary Ann Hutton*
6. Mother's Maiden Name, *Mary Ann Rhinucker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James S. Hutton*
9. Father's Occupation, *Buckster*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Wm Conner

Address

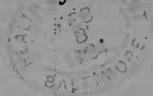
Remarks

RETURN OF A BIRTH.

17381

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



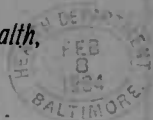
condition, whether still born or not, the full name, nativity, and residence of the mother, and the name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 4 1884
4. Place of Birth (Street and Number) 200 South Fremont St
5. Full Name of Mother Margaret Dickner
6. Mother's Maiden Name Cooper
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm J Dickner
9. Father's Occupation Undertaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. C A Lewis
- Address 162 Hanover St
- Remarks

Birth, sex, and color of the child or children
of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



19382

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth.

Feb. 4th 1894

4. Place of Birth (Street and Number)

225 George St

5. Full Name of Mother

Dora ~~Dohson~~ Manning

6. Mother's Maiden Name

Dora Dohson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Manning

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Launcy H. Barclay, M.D.

Address

47 Avenue St.

Remarks

duty of the parent or parents of such child to report to the Registrar, and if the child is born in the city of Baltimore, and if the parent or parents of such child fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 4th 1884

4. Place of Birth, (Street and Number)

42 Bridgley st.

5. Full Name of Mother,

Minnie Kraft

6. Mother's Maiden Name,

Scott

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Kraft

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schreyer midwife

Address,

330 Hancock st.

Remarks,

State, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁶⁹⁻³⁸²⁴

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 4, 1884 -

4. Place of Birth, (Street and Number)

86 Hillen

5. Full Name of Mother,

Ann M. Hamilton

6. Mother's Maiden Name,

Lloyd.

7. Mother's Birthplace,

England

8. Full Name of Father,

Thos. Hamilton

9. Father's Occupation,

Merchant -

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

H. Smith, M.D.

Address,

143 N. Butler St.

Remarks,

RETURN OF A BIRTH

19386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 4

1884

4. Place of Birth, (Street and Number)

No 702 N Charles Street

5. Full Name of Mother,

Mary Bally

6. Mother's Maiden Name,

do Benson

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

John Bally

9. Father's Occupation,

Laborer

Father's Birthplace,

Balt city md

Name of Medical Attendant,

or other Person who makes this Return

E. Hinton

Address,

No 79 Brandell Street

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 300

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

FEB 4

4. Place of Birth, (Street and Number)

1210 N. High St

5. Full Name of Mother,

Jane E. Trump

6. Mother's Maiden Name,

Kirole

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John H. Trump

9. Father's Occupation,

Essenger

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who makes this Return

J. A. Trump

Address,

Remarks,



It is the duty of the parent or person giving the mother, immediately therefor, to fill up this form, and to sign the same, and to deliver it to the Registrar of Vital Statistics, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
FEB 4 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *November 12th 1883*
 4. Place of Birth, (Street and Number) *10 Bartlett St*
 5. Full Name of Mother, *Kate Fischer*
 6. Mother's Maiden Name, *Schlauck*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Christian Fischer*
 9. Father's Occupation, *Cabinet Maker*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Chas. B. Bollenbom M.D.*
W. S. Dacca Jr.
- Address, _____
- Remarks, _____

should no other person be in attendance upon the mother, or of a practitioner of midwifery, or of a physician, or of a nurse, or of a person who is not a member of the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1881
BALT. HEALTH DEPT.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 29th 1883*
4. Place of Birth, (Street and Number) *7 Little Bohemia St.*
5. Full Name of Mother, *Sophia Lohrnick*
6. Mother's Maiden Name, *Hicklein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Arnold Lohrnick*
9. Father's Occupation, *Cattle Broker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *J. S. Buddenbom M.D.*
- Address, *166 S. Paca St.*
- Remarks, %

4790

Baltimore City

- [illegible]

Health, Baltimore

should no other person be in attendance when the cause of a physician, or of a practitioner of midwifery, for the duty of the parent or parents of each child to report the birth to the Board of Health in the town or village, within the period above required, except in the cases of the births and deaths of illegitimate children, and the mother or mothers of each child, or each mother, fail to comply with the provisions of the act, a section shall be subject to a fine of ten dollars, or to be imprisoned for each offense, or to be imprisoned as other fines and penalties are available.

Heale

White

December 17th 1883.

217 S. Pacific St

Maria Blank

Keiser

Germany

Germany
Christian Blank

Dr. J. C. Draper

Baltimore

Q. L. Buddenbom M.D.

166. ... L. Jaca St.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White race*
 Date of Birth, *14 February*
 Place of Birth, (Street and Number) *Baltimore 377 1/2 Allen Alley*
 Full Name of Mother, *Ellen Deception*
 Mother's Maiden Name, *Ellen Deception*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Andrew Deception*
 Father's Occupation, *Labourer*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Ann Thornton*
 Address, *249 Battery Avenue*
 Remarks, *South Baltimore*

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

TH

Birth of any child shall occur within the time specified in the preceding section, and the birth shall be in accordance with the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period always required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

172

- F. M. A.*

- W. H. C.

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RETURN OF A BIRTH, 69395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

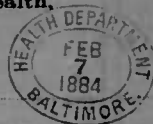


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Tuesday Feb 5th 1884
4. Place of Birth, (Street and Number) No 127 Frederick Ave
5. Full Name of Mother Lizzie Keckler Keats
6. Mother's Maiden Name Lizzie Keckler
7. Mother's Birthplace Maryland
8. Full Name of Father Henry Keats
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catharine Stoll
- Address 45 57 Bantalan St
- Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 5th 1884

4. Place of Birth, (Street and Number) Baltimore Charles st. 225

5. Full Name of Mother, Amelia Rowley

6. Mother's Maiden Name, Evans

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Edward Rowley

9. Father's Occupation, Paper hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. & Elizabeth Scarborough

Address, 18 220 Montgomery St. Balt.

Remarks, _____

to be paid by any person who shall incur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Registrar of Births and Deaths of the City of Baltimore, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *Feb 3 1884*

4. Place of Birth, (Street and Number) *130 S. Federal St.*

5. Full Name of Mother, *Lucinda Frank*

6. Mother's Maiden Name, *Lucinda Frank*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas H. Frank*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *Lucinda Frank*

Address, *130 S. Federal St.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female Isabella Fissier Young
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Feb 5 1884
4. Place of Birth, (Street and Number) No 30 Walnut alley
5. Full Name of Mother, Ellen Young
6. Mother's Maiden Name, Ellen Boston
7. Mother's Birthplace, West River Annes Arundel County
8. Full Name of Father, William H. Young
9. Father's Occupation, rod carrier
10. Father's Birthplace, Washington D.C.
- Name of Medical Attendant, or other Person who makes this Return Marian Mason
- Address, 34 Walnut alley
- Remarks, Sound and healthy GIVEN NAME ADDED 11-15-84 sfy

Place of the birth, with the exact date, shall be delivered daily, signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, in the case of the birth of a child, and in the case of the birth of any child, shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery, or of the person in attendance upon the mother, to report the birth, in the manner and within the period above required, to the Registrar of Vital Statistics, and to the Registrar of the Health Department, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary Maude Bowman* 2nd *Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 5, 1884*

4. Place of Birth, (Street and Number) *No. 191 Sharp St.*

5. Full Name of Mother, *Blanche Bowman*

6. Mother's Maiden Name, *Slattery*

7. Mother's Birthplace, *America*

8. Full Name of Father, *James Bowman*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *J. Schwaesser midwife*

Address, *330 Hanover St.*

Remarks, **GIVEN NAME ADDED.** *8-1-52*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69401

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Feb. 5. 1884*
4. Place of Birth (Street and Number) *Baltimore, Md. on the water*
5. Full Name of Mother *Mary E. Cemel*
6. Mother's Maiden Name *Mary E. Stuhn*
7. Mother's Birthplace *P. A.*
8. Full Name of Father *Capt. John P. Cemel*
9. Father's Occupation *Capt of the Vessel*
10. Father's Birthplace *P. A.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. W. Shaffer*
- Address *114 Reddy way*
- Remarks

62402

Feb 6th 1889.

HEALTH DEPARTMENT
FEB 7
1884
BALTIMORE

- should no other person be in at a moment upon the mother, immediately thereafter, it will be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate infants, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Remarks, _____

should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to return its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of this birth and deaths of illegitimate children, and in such cases the parent or parents of such child, or other person, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 5th 1884

4. Place of Birth, (Street and Number)

No. 38 Langdon St.

5. Full Name of Mother,

Barbara Hoff

6. Mother's Maiden Name,

Barbara Böhmer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hoff

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Frederick Kaufmann

Address,

No. 202 S. Dallas St.

Remarks,

Hebarmine

should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the physician, or other person, to make a record of the birth, and of the sex, and of the date, and of the place, and of the name of the child, and of the name of the mother, and of the name of the father, and of the name of the medical attendant, and of the name of the person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 5th 1884

4. Place of Birth, (Street and Number)

No. 53. Park St.

5. Full Name of Mother,

Lise Moensch

6. Mother's Maiden Name,

Lise Rien

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sehen Moensch

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Friederike Kaufmann

Address,

No. 202 S. Dallas St.

Remarks,

Holamm



[illegible]

Feb 6th 1851.

A circular black ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "FEB 7 1884" is stamped in a bold, sans-serif font.

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Feb. 5th 1884.*
4. Place of Birth, (Street and Number) *5 Bradford Alley*
5. Full Name of Mother, *Emeline Doese.*
6. Mother's Maiden Name, *Charles Hoffmann.*
7. Mother's Birthplace, *America.*
8. Full Name of Father, *Edwald Doese.*
9. Father's Occupation, *Subora.*
10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 S. Wall St.

Remarks. *MSB*

should no other person be in at evidence when the mother, immediately thereafter, it shall then become the duty of the parent or parents, each of whom shall report its birth to the Registrar of Health, in the manner, and at the time, and to the place, which shall be prescribed by the Board of Health, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb 5th 1884.
4. Place of Birth, (Street and Number) 215 Easter Ave.
5. Full Name of Mother, Lizzie Schamard.
6. Mother's Maiden Name, Lizzie Marshall.
7. Mother's Birthplace, America.
8. Full Name of Father, William Schamard.
9. Father's Occupation, Cooper.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Marshall

Address, 137 South Wolfe St.

Remarks, 20

RETURN OF A BIRTH

69407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 8th / 1884

4. Place of Birth, (Street and Number)

415 Light St

5. Full Name of Mother,

Martha C. Leonard

6. Mother's Maiden Name,

Martha C. Georgeham

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Leonard

9. Father's Occupation,

Cigar Carrier

10. Father's Birthplace,

Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. H. Cottrell

Address,

8155 Montgomery St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars and to a term of imprisonment not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

69708
FEB 10 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 8th 1883.

4. Place of Birth, (Street and Number)

194 Conroy St.

5. Full Name of Mother,

Amie Fräsemeier

6. Mother's Maiden Name,

" Mang

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Fräsemeier

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

W. S. Buddenhopf, M.D.

Address,

166 S. Paca St.

Remarks,

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 5th 1884 8 20th 11*
4. Place of Birth (Street and Number) *Cal - Bond st 25-2*
5. Full Name of Mother *Sade Smith*
6. Mother's Maiden Name *Sade Pinkerty*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Smith*
9. Father's Occupation *Express driver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lelia Groom*
- Address *466 Jay st Bal*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



State, as far as their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *February 7th 1894*
4. Place of Birth, (Street and Number) *213 Cambridge St Baltimore*
5. Full Name of Mother, *Mrs Sara Seymore*
6. Mother's Maiden Name, *Mrs Nora Kothlen*
7. Mother's Birthplace, *Somerset County N.D.*
8. Full Name of Father, *Mr Henry Seymore*
9. Father's Occupation, *Steamboat*
10. Father's Birthplace, *Chenango N.Y.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Jane Wilson*
- Address, *252 Hughes Street*
- Remarks.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the birth to be registered in the manner and within the period above required, except in the cases of the births and deaths of stillborn children, in which case the registration shall be subject to a fine of ten dollars for each offence, to be recovered at other times and places than recoveryable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 5th 1884*
4. Place of Birth, (Street and Number) *Easton Ave. 122 North Washington Street*
5. Full Name of Mother, *Ellen Jane James Garrison*
6. Mother's Maiden Name, *Ellen Jane Garrison*
7. Mother's Birthplace, *England*
8. Full Name of Father, *James Henry Garrison*
9. Father's Occupation, *Board and Street Sweeper*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Dr. Riley*

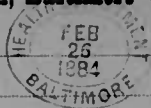
Address, *No 12 Patterson Park Ave*

Remarks,

The duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or imprisonment for not more than thirty days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 05 1884*

4. Place of Birth, (Street and Number) *407 Penn. Street*

5. Full Name of Mother, *Annie Gertrude Bradyhouse*

6. Mother's Maiden Name, *Annie R. Rolfe*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Richard Allen Bradyhouse*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return

Address, *299 E. Baltimore St.*

Remarks, _____

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 6th 1884

4. Place of Birth, (Street and Number) 33 N. Pratt St.

5. Full Name of Mother Jennie Thomas

6. Mother's Maiden Name Jennie Sykes

7. Mother's Birthplace Philadelphia

8. Full Name of Father John Thomas

9. Father's Occupation Machanic

Father's Birthplace Phila

Name of Medical Attendant, or other Person who makes this Return.

Henry E. Wallace

Address

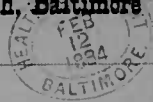
113 Calvary Street. Balt. Md.

Remarks

certificate, between the first and third day of each and every month, to the Board of Health, in case the birth of any child is reported, and in case the mother or other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so attending, except in the case of the birth of illegitimate children, and any person who neglects to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 6 Feb.

4. Place of Birth, (Street and Number) 49 Harrison

5. Full Name of Mother, Jenny Mulgrew

6. Mother's Maiden Name, McCaany

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mike Mulgrew

9. Father's Occupation, Store-keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12 E. Lombard

Remarks, _____

6941b

HEALTH DEPARTMENT
FEB
10
1984
BALTIMORE

RE CITY.
Maly.
White

10. **Other's Birthplace.**

or other Person who
makes this Return.

Remarks,

FOOTING AND STATIONING

should, on other person be in attendance upon the mother, or of a practitioner of midwifery, or of a physician, or of a nurse, or of a person acting in the name of any of them, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd child*

1. Sex, (state whether ~~male~~ male, female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 26, 1884*
4. Place of Birth, (Street and Number) *Frank St. 10th Bk.*
5. Full Name of Mother, *Anna Breckhouse*
6. Mother's Maiden Name, *Anna Volk*
7. Mother's Birthplace, *Baldwin City*
8. Full Name of Father, *Richard J. Breckhouse*
9. Father's Occupation, *Clk*
10. Father's Birthplace, *Baldwin City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *12 Dallas St. 10th Bk.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

2. Females

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 6. 1884

4. Place of Birth, (Street and Number)

174 Battery ave

5. Full Name of Mother

Isabell. Kingrose

6. Mother's Maiden Name,

Trallin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kingold

9. Father's Occupation,

Foreman. B. and O. R.

10. Father's Birthplace,

Horchester county

Name of Medical Attendant, or other Person who makes this Return

Mrs. Ann. Nash

Address,

Remarks,

of the parents, and the maiden name of the mother as given by the father.

RETURN OF A BIRTH.

69419

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

mail
 135 Hill St
 Leber...
 Luciger Lin
 Baltimore
 Williams Valley
 Oyster Shucker
 Cambridge
 J. J. Barker
 224 Hughes St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *February*

4. Place of Birth, (Street and Number) *1 Hargrove St*

5. Full Name of Mother, *Liza Jane Bury Cummings*

6. Mother's Maiden Name, *" " Bury*

7. Mother's Birthplace, *Baltimore Co.*

8. Full Name of Father, *Charles Cummings*

9. Father's Occupation, *Heurster*

10. Father's Birthplace, *Baltimore Co.*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

of the father, and the maiden name of the mother of such child or children.

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born live or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex (state whether MALE or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb. 6th 1884.

4. Place of Birth (Street and Number)

318 1/2 E. Pratt St

5. Full Name of Mother

Mary Elizabeth Valiant

6. Mother's Maiden Name

Jordan

7. Mother's Birthplace

City

8. Full Name of Father

John Valiant

9. Father's Occupation

Book-Keeper

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

W. A. B. Sellman M.D.

Address

No. 46. West Biddle St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *6 February 1884*
 4. Place of Birth, (Street and Number) *W. Lombard St. 282*
 5. Full Name of Mother, *Auguste Hennighausen*
 6. Mother's Maiden Name, *Auguste Roth*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Gustav Hennighausen*
 9. Father's Occupation, *Superintendent of Germania*
 10. Father's Birthplace, *Boileburg, Germany*
 Name of Medical Attendant, or other Person who makes this Return *A. F. Reinherd*
 Address, *282 W. Lombard St.*
 Remarks,

RETURN OF A BIRTH.

69423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb. 7/84

4. Place of Birth (Street and Number)

113 Druid Hill Road.

5. Full Name of Mother

Caroline Lehman

6. Mother's Maiden Name

Hausmann

7. Mother's Birthplace

Balt., Md.

8. Full Name of Father

Henry Lehman

9. Father's Occupation

Marble-worker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

W. B. Rider

Address

195 N. Fremont St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Italian

3. Date of Birth,

Feb 7th 1884

4. Place of Birth, (Street and Number)

105 122 St

5. Full Name of Mother,

Louise Gray

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Italy

8. Full Name of Father,

King

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other Person who makes this Return

Dr. W. B. E. M. D.

Address,

210 N. Howard St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Registrar of Births, and should any person fail to comply with the provisions of this section shall be subject to a fine of two dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th Feb. 1884

4. Place of Birth, (Street and Number)

19 Harrison

5. Full Name of Mother,

Goldia ~~One Goldia~~ Hyman

6. Mother's Maiden Name,

Goldia ~~Mar~~ Gullias

7. Mother's Birthplace,

Rus Poland

8. Full Name of Father,

Isidore Hyman

9. Father's Occupation,

Second hand Clothing store

10. Father's Birthplace,

Rus Poland

Name of Medical Attendant,

or other Person who makes this Return

Mrs Rice

Address,

Remarks,

Return of Birth. In case the birth of a child shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately after the birth of the child, in the same manner, and within the period above limited, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 Feb.

4. Place of Birth, (Street and Number) 74 President

5. Full Name of Mother, Rabbit Fegler

6. Mother's Maiden Name, Segler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Fegler

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) : *Male*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. 1st of February

4. *Place of Birth.* (Street and Number) *No 133 West 16*

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, Mary Gray

7. Mother's Birthplace, *Richmond Virginia*

8. Full Name of Father, George Brown

9. Father's Occupation, Teacher

10. Father's Birthplace, Williamburg, Virginia

Name of Medical Attendant, or other Person who makes this Return M. H. Groves

Address. *No 12 Phoenix Alley*

Remarks.

[illegible]

RETURN OF A BIRTH

69428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *1st February*
4. Place of Birth, (Street and Number) *13 Cambridge Street*
5. Full Name of Mother, *Lucy W. Booth*
6. Mother's Maiden Name, *Lucy W. Booth*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John W. Booth*
9. Father's Occupation, *Commission Merchant*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Smith*
- Address, *34 Lloyd Street*
- Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

69429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2d Dec 1883

4. Place of Birth, (Street and Number)

4 Hammond

5. Full Name of Mother,

Victoria Higgins

6. Mother's Maiden Name,

Julia Hogan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Higgins

9. Father's Occupation,

Labor

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Smith

Address,

175 Hartford St.

Remarks,

Baltimore Md

of the parents, and the maiden name of the mother of such child or children."

is on its of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 7/1/30

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 7 1884

4. Place of Birth, (Street and Number) 24 Peach Alley

5. Full Name of Mother, Marge Thomas

6. Mother's Maiden Name, " Scott

7. Mother's Birthplace, Balt city 1107

8. Full Name of Father, James Thomas

9. Father's Occupation, baker

10. Father's Birthplace, West River

Name of Medical Attendant, or other Person who makes this Return Mary S. Dennis mid wife

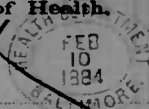
Address, 24 2 Peach Alley

Remarks,

name, sex, date of birth, place of birth, color, whether still-born or not, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

or other Person who makes this Return

[illegible]

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "FEB 12 1894" is stamped.

At 10th 1834.

- Name of Medical Attendant, or other Person who makes this Return *P. H. Hoag* 411-2-1
Address, *127 South Hoag St.*
Remarks, *211*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female
White

Feb 7/84

S.E. Cor. Mosher & Argle Av

Emma E. Moree

Emma E. Caples

Baltimore Md

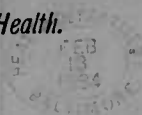
Abraham Moree (now dead)

was a Carriage Builder

Tennessee

Thos. J. Ward M.D.

127 St Paul St



67435

verifiable, between the first and third day of each and every month, in the form of a certificate, signed by the mother and father, or by the mother, if the father be deceased, or by the mother and a physician, or by the mother and a practitioner of midwifery, or by any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parents or persons in such behalf to report its birth to the Board of Health, in the manner, and within the time herein prescribed, except in the case of the births and deaths of illegitimate children, and in such cases the mother or person in such behalf shall be bound to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

2nd child

male,

White

Thursday Feb 7th 1884

165 N. Packer St,
New York

Mary M. C. Allen.

Mary Hill,

Baltimore

Howard Augustus M. Collum.

Paper-Hanger.

Baltimore

Sussex - Hunter

21st Papeton St

Remarks...

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 7th 1884

4. Place of Birth, (Street and Number)

*437 Madison Ave -
St. Catherine Hospital*

5. Full Name of Mother

6. Mother's Maiden Name

Brown

7. Mother's Birthplace

Italy

8. Full Name of Father

Leopold Hupfkins

9. Father's Occupation

Merchant

10. Father's Birthplace

Van Nuys

Name of Medical Attendant, or other Person who makes this Return.

Wm. Riley

Address

306 Madison Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *February 7th 1884*

4. Place of Birth, (Street and Number) *105 E. Enoch Court.*

5. Full Name of Mother, *Annell Quinn*

6. Mother's Maiden Name, *Annie Jones*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John M. Quinn*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Annapolis*

Name of Medical Attendant, or other Person who makes this Return *W. H. B. M. D.*

Address, *10185 S. E. Co. Central av. & Kensington St.*

Remarks, *Died February 17th 1884 to weak to live.
Early born child*



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at (instant) upon the mother, immediately there after, it shall then become the duty of the parent or persons so attending, to send in the case of the birth and death of legitimate children, and of this fact above stated, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

69439

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 7 1884

4. Place of Birth, (Street and Number)

54 Hamburg St

5. Full Name of Mother,

Augusta Scull

6. Mother's Maiden Name,

Augusta Sumwalt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Scull

9. Father's Occupation,

Self Clover

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. B. Smith M.D.

Address,

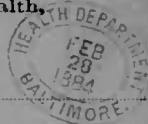
50 Warren St

Remarks,

RETURN OF A BIRTH

69441

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21 1884
4. Place of Birth, (Street and Number) 13 Park Ave
5. Full Name of Mother, Elizabeth Smith
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John Smith
9. Father's Occupation, Teacher
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. J. H. Smith
- Address, 123 St. N. W.
- Remarks,

TH
Baltimore City

[illegible]

- Female

- 8 February

- 114 Lombard

- Martha Dillmann

- # Pater

- Germany

- Henry Tillamann

- Tailor

- Germany

Sarah Cather

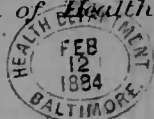
72. O. Lombard street

124- LITZ, CHRISTOPHER AND STATIONERY

RETURN OF A BIRTH

69443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8/84
4. Place of Birth, (Street and Number) Polony Inst, Court / no
5. Full Name of Mother, "
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Antonio Camillo Palermo Sicily
9. Father's Occupation, Janitor
10. Father's Birthplace, Palermo Sicily
- Name of Medical Attendant, or other Person who makes this Return, Dr. McKim
- Address, 119 in Charles st
- Remarks,

born, is or their physical condition, whether married or not, the full name, nativity, and date of birth of the parents, and the maiden name of the mother of such child or children.

any name shall have been registered, the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the said certificate shall be signed by the person attending the birth, and shall be delivered to the Board of Health, within the period or periods prescribed, except in the cases of the births and deaths of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense. It is provided as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored.*
3. Date of Birth. *Feb. 8th 1884.*
4. Place of Birth, (Street and Number) *166 West Street.*
5. Full Name of Mother, *Maggie C. Chen.*
6. Mother's Maiden Name, *Maggie Rhart.*
7. Mother's Birthplace, *Waverill, Tex.*
8. Full Name of Father, *Robert H. Chen.*
9. Father's Occupation, *cook.*
10. Father's Birthplace, *Near Bedford Mass.*
- Name of Medical Attendant, or other Person who makes this return *Millie Gross.*
- Address, *12 Plum Alley.*
- Remarks,



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 February 1884*
4. Place of Birth, (Street and Number) *186 Greenmount Ave*
5. Full Name of Mother, *Julia K. Hales*
6. Mother's Maiden Name, *Frederic K. Hales*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John K. Hales*
9. Father's Occupation, *Reporter*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Christina Lane*
- Address, *118 N. 1st St.*
- Remarks, *Baltimore Md*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Number of some child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *First (1)*

2. Sex, (state whether male or female) *Male.*

3. Race or Color, (if not of the white race) ..

4. Date of Birth, *Feb 8th 1884.*

5. Place of Birth, (Street and Number) *98 Paul St. Baltimore Md*

6. Full Name of Mother, *Annie Lange.*

7. Mother's Maiden Name, *Annie Reis.*

8. Mother's Birthplace, *Baltimore.*

9. Full Name of Father, *Edward Lange.*

10. Father's Occupation, *Cigar Maker.*

11. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *Mrs Maemel Midwife*

Address, *248 Saratoga str*

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex*, (state whether male or female) ...

Bay.

2. Race or Color, (if not of the white race)

Wick

3. *Date of Birth,*

8th of February 1854

4. *Place of Birth, (Street and Number)*

18 North Canal Street

5. *Full Name of Mother,*

Katie Bickner

6. *Mother's Maiden Name.*

Katie American

7. *Mother's Birthplace,*

2000 2200 2400

S. Full Name of Father.

Joseph American

9. *Father's Occupation,*

Car. Henderson

10. *Father's Birthplace.*

Germany.

Name of Medical Attendant,

or other Person who
makes this Return

Chrysanthemum Tunica

Address.

71 North Chapel St. per Justina Kunkel

Remarks.

Health



RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.



69451

Ona Waters
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *February 8th 1884*

4. Place of Birth, (Street and Number) *358 Kribben St.*

5. Full Name of Mother *Luey Murray*

6. Mother's Maiden Name *S. Beetsman*

7. Mother's Birthplace *Reese, Mo.*

8. Full Name of Father *Alfred Murray*

9. Father's Occupation *Grocery*

10. Father's Birthplace *North Carolina*

Name of Medical Attendant, or other Person who makes this Return. *John M. D.*

Address *10-22-53*

Remarks *H.M.*

EVER NAME ADDED

condition, whether still born or not, the full name, nativity, and residence of the parents, and name of the mother of such child or children.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

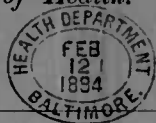
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

69151

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Ona Waters Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth February 8th 1884
4. Place of Birth, (Street and Number) 358 Kinkaid St.
5. Full Name of Mother Lucy Murray
6. Mother's Maiden Name Showaen
7. Mother's Birthplace Baltimore
8. Full Name of Father S. Reese Murray
9. Father's Occupation Merchant
10. Father's Birthplace South Carolina

Name of Medical Attendant, or other Person who makes this Return. John Morris D.

Address 5 Franklin St.

Remarks GIVEN NAME ADDED 10-22-53 H.M.

RETURN OF A BIRTH

69452

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

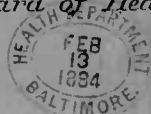


of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4) fourth
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 8-1884
4. Place of Birth, (Street and Number) 131 W. Biddle street
5. Full Name of Mother, Annie Bauer
6. Mother's Maiden Name, Annie Baum
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Bauer
9. Father's Occupation, Backer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Hunigunda Schlifer
- Address, 26 Columbia St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *February 7th*
4. Place of Birth, (Street and Number) *Baltimore 248 McDougall St*
5. Full Name of Mother, *Jessie Beallie Crocker*
6. Mother's Maiden Name, *Jessie C. Timison*
7. Mother's Birthplace, *Baltimore County near Harrow Factory*
8. Full Name of Father, *Frank Crocker*
- Father's Occupation, *Cotton Press Laborer*
10. Father's Birthplace, *Harford County Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Henrietta Glasgow*
- Address, *464 N. Michelsbury St Eastwood*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name of child: Arthur M. Goodrich

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 8th 1884

4. Place of Birth (Street and Number)

1036 So. Carrollton Ave

5. Full Name of Mother

Mary A. Goodrich

6. Mother's Maiden Name

Julia A. Kirby

7. Mother's Birthplace

St Mary's Co. Md

8. Full Name of Father

Louis M. Goodrich

9. Father's Occupation

Mechanic

10. Father's Birthplace

St Mary's Co. Md

Name of Medical Attendant, or other Person who makes this Return.

J. Stinner M.D.
41 St. Charles St

Address

Remarks

RETURN OF A BIRTH ⁶⁹⁴⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 20th*

4. Place of Birth, (Street and Number) *455- Saratoga St*

5. Full Name of Mother, *Mrs. Ruben E. Brown*

6. Mother's Maiden Name, *Mrs. Kate Deboe*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Ruben E. Brown*

9. Father's Occupation, *Brick Layer*

● Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return

Address, *Dr. H. H. Hill M.D.
23 Edmondson St.*

Remarks,

between the first and third day of each and every month to the Board of Health, in form of a certificate, which shall be filled out by the mother, immediately after the birth of the child, or by a practitioner of midwifery, or by a physician, or by a nurse, or by any other person who may be present at the birth of the child, and who shall be sworn to the truth of the statements made by him or her, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jul 31 '84*

4. Place of Birth, (Street and Number) *249 Bzyle Ave*

5. Full Name of Mother, *Virginia A. Sloan*

6. Mother's Maiden Name, *Virginia A. Ewart*

7. Mother's Birthplace, *Ohio*

8. Full Name of Father, *Thomas W. Sloan*

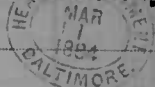
9. Father's Occupation, *Paper Dealer*

10. Father's Birthplace, *District Columbia*

Name of Medical Attendant, or other Person who makes this Return *J. Miller M.D.*

Address, *188 Franklin St*

Remarks,



[illegible]

HEALTH DEPARTMENT
FEB
28
1984
BALTIMORE

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 2^d. 1817.

4. Place of Birth, (Street and Number) No. 76, Franklin St.

5. Full Name of Mother, Catharine Ann

6. Mother's Maiden Name: McClary

7. Mother's Birthplace, England

S. Full Name of Father, Edward, Henry

9. Father's Occupation, Trucker, Kansas

10. *Father's Birthplace,* Arizona.

Name of Medical Attendant, or other Person who makes this Return *Ann. Fisher*

Address, 1045 N. Milwaukee St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Board of Health, in writing, the name, age, sex, and color of the child, the name of the physician, or practitioner of midwifery, or other person or persons who attended the birth of the child, and the place where the child was born, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 4 to 84*

4. Place of Birth, (Street and Number) *104 N. Race St.*

5. Full Name of Mother, *Elijah S. Emmert.*

6. Mother's Maiden Name, *Elijah S. Winder*

7. Mother's Birthplace, *Med*

8. Full Name of Father, *Norman S. Emmert*

9. Father's Occupation, *Cool Keeper*

10. Father's Birthplace, *Med*

Name of Medical Attendant, or other Person who makes this Return *J. Miller, M.D.*

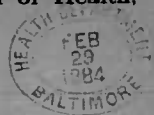
Address, *188 Franklin St.*

Remarks,

RETURN OF A BIRTH

1915

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th Feb, 84

4. Place of Birth, (Street and Number)

83 Lee

5. Full Name of Mother.

Jacqueline Shafer

6. Mother's Maiden Name,

Nathaway

7. Mother's Birthplace,

va

8. Full Name of Father,

Albert Shafer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

H W Webster

Address,

57 Banner

Remarks,

6976

HEALTH DEPARTMENT
FEB 28 1884
BALTIMORE

22. 11. 11

Meal.

Feb. 7. 1864

Dr. Geo. R. Smith.

Kunigund. Hoch

" " " " *Young.*

B. Anne

Green, I took

I gales in coil

Kinkor, Hesse.

Anne Lindner.

45. L. Monna, L.

.....

[illegible]

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

(state whether male or female)

~~Female~~ Male

or Color, (if not of the white race)

Colored

of Birth

5th of February

of Birth, (Street and Number)

No 65 Dallas Street

Name of Mother

Sarah Webb

er's Maiden Name

Sarah Jordan

er's Birthplace

Katemen's Ville

Name of Father

Henry Webb

er's Occupation

Labor

er's Birthplace

Easton Shore

of Medical Attendant, or other Person who makes this Return.

John Humphreys

No 9 Quin Street near Eden

arks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *February 24, 1894*

4. Place of Birth, (Street and Number) *Home*

5. Full Name of Mother, *Anna Gindner*

6. Mother's Maiden Name, *Wagge*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *John Wagge*

9. Father's Occupation, *Refrigerator*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. J. M. Gindner*

Address, *125 S. Howard St.*

Remarks, *born at home*



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
(state whether male or female) Male
or Color, (if not of the white race) Colored
of Birth City of Baltimore
of Birth, (Street and Number) No 65 Dallas Street
Name of Mother Sarah Webb
er's Maiden Name Sarah Jordan
er's Birthplace Watkinsville
Name of Father Henry Webb
er's Occupation Salor
er's Place Easton Shore
of Medical Attendant, or other Person who makes this return. Myron Lamphor
No 7 Quin Street near Eden



certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or any other person, the mother, immediately thereafter, it shall then become the duty of the mother to cause a certificate to be made by a physician, or a practitioner of midwifery, or any other person, within the period above required, and to file the same with the Board of Health. If any person or persons willfully neglects or neglects to file such certificate, he or they shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 24, 1884.

4. Place of Birth, (Street and Number)

1010 Second St.

5. Full Name of Mother,

Margaret Wedekind

6. Mother's Maiden Name,

Reis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Wedekind

9. Father's Occupation,

Severing, Nov.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Anna Lindner

Address,

1575 N. Howard St.

Remarks,

RETURN OF A BIRTH,

the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

State whether male or female

Male

or Color, (if not of the white race)

Color

of Birth

February 9th

of Birth, (Street and Number)

13 May street

Name of Mother

Laura Johnson

er's Maiden Name

Laura Cummings

er's Birthplace

Baltimore

Name of Father

George Johnson

er's Occupation

Oyster Schucker

er's Birthplace

Baltimore

of Medical Attendant, or other Person who makes this Return.

Harriet Britton

ress

78 North Bethel Street

marks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th

Female

Feb 9, 1884

64 Barret

Virginia Farrow

Martha

Balt
Joseph Farrow

Clerk

Balt

J. W. Nebelup

57 Barret

In case the birth of any child shall occur in the city of Baltimore, the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to do so shall be liable to a fine of ten dollars, or to imprisonment for a term of ten days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9th Feb 1884

4. Place of Birth, (Street and Number)

Balto Dallas st No 207

5. Full Name of Mother,

Sophie Mesely

6. Mother's Maiden Name,

J. Matens

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Anton Mesely

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Koptisch

Address,

69 N Washington st

Remarks,

Mary Koptisch

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the clerk of the Health Department, and within the period of ten days thereafter to file a true and correct copy of the report with the clerk of the Health Department. If the parent or parents of such child shall fail to comply with the provisions of this section, they shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9 February*

4. Place of Birth, (Street and Number) *245 S. Wolfe Street*

5. Full Name of Mother, *Lina Wehner*

6. Mother's Maiden Name, *Wojtusiak*

7. Mother's Birthplace, *Gnesen Germany*

8. Full Name of Father, *John Wojtusiak*

9. Father's Occupation, _____

10. Father's Birthplace, *Galatz*

Name of Medical Attendant, or other Person who makes this Return *Marie Githner*

Address, *S Wolfe Street 245*

Remarks, _____



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of any other branch of medicine, the parent or parents of such child to report its birth to the Board of Health in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPT. 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

24th of February 1884

Harrison St No 29

Lena Otto

Lena Kraush

Saxony Germany

Leopold Otto

Teacher

Baltimore

Wm. Briggs

No 28. N. Spring St

to be filled out by the Registrar, or other person who makes this Return, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

69468

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

Mulatto

3. Date of Birth,

July 9/84

4. Place of Birth, (Street and Number)

107 King st, near Green st

5. Full Name of Mother,

Margaret Keenan

6. Mother's Maiden Name,

Don't know.

7. Mother's Birthplace,

va

8. Full Name of Father,

Henry Keenan

9. Father's Occupation,

Ironmaster

Father's Birthplace,

va

Name of Medical Attendant, or other Person who makes this Return.

Dr. F. W. M. M. D.

Address,

119 n Charles st

Remarks,

In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by any other person, it shall then become the duty of such person, immediately upon the mother, to report the birth of such child to the Registrar of Vital Statistics, within the period now prescribed, except in the case of the birth and death of illegitimate children, and in such cases the Registrar of Vital Statistics shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 Feb.

4. Place of Birth, (Street and Number)

308 Stiguite

5. Full Name of Mother,

Katie Linhard

6. Mother's Maiden Name,

McCord

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Linhard

9. Father's Occupation,

Music-teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

12 E. Lombard

Remarks,

to be delivered, duly signed by the practitioner, in the form of a certificate, and to be filed in the office of the Registrar of Vital Statistics, Baltimore City, immediately thereafter. In the event of a birth of a child, the parent or person having charge of the child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 Feb.

4. Place of Birth, (Street and Number)

148 Lombard

5. Full Name of Mother,

Edmie Hamolten

6. Mother's Maiden Name,

Thomson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hamolten

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall their become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons, hereinafter provided, and such report shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *9th of February*

4. Place of Birth, (Street and Number) *Baltimore Harmony lane No 10*

5. Full Name of Mother, *Margaret Bulgen*

6. Mother's Maiden Name, *Margaret Zell*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John H Bulgen*

9. Father's Occupation, *carver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, (or other Person who makes this Return) *Margaret E Zell*

Address, *No 270 Franklin St*

Remarks,

of the parents, and the male or female of the child, the full name, nativity, and residence of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

1st
Male

White

February 9. 1884

35 Angell Ave

Fanny Ford

" Durbin "

Wisconsin "

Wm. G. Ford

La Dealer

City

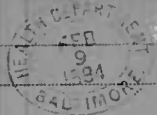
A. J. Jansley M.D.
386 Grand Ave

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person to in attendance upon the mother, and the child, or should any person be present at the birth, within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 4 1884
4. Place of Birth, (Street and Number) Carroll St #208
5. Full Name of Mother, Lizzy Mack
6. Mother's Maiden Name, Lizzy Douglass
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Mack
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, Chas. C. Proctor M.D. wife
or other Person who makes this Return
- Address, 18 Carlton St
- Remarks,



Report of the mother, physician, or other person, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2

Male

White

February 9, 1884

213 Battery ave

Caroline Vogelgesang

Caroline Dimmick

Baltimore

George Vogelgesang

Lawyer

Baltimore

Mrs Ann Nash

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 9th 1887

4. Place of Birth, (Street and Number) 556 Saratoga St

5. Full Name of Mother, Ida Nelson

6. Mother's Maiden Name, Ida Diggs

7. Mother's Birthplace, Cambridge

8. Full Name of Father, Robert Nelson

9. Father's Occupation, Water

10. Father's Birthplace, Middlesex Co. Va

Name of Medical Attendant, or other Person who makes this Return Charlotte Wain

Address, 258 Robtson St

Remarks, None



RETURN OF A BIRTH

1141181

69476

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)....

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

February 9. 1884

4. Place of Birth, (Street and Number)

196 St Paul St.

5. Full Name of Mother,

Mary Jane Cole

6. Mother's Maiden Name,

Williams

7. Mother's Birthplace,

Cincinnati Ohio.

8. Full Name of Father,

George B. Cole

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. H. W. Vanstull, M.D.

Address,

228 N. Eutaw St.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, which Board may, in its discretion, require the practitioner to produce the said schedule, and if he fails to do so, he shall be liable to a fine of ten dollars for each offense, and such fine and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Jewish*

3. Date of Birth, *9th Feb 81*

4. Place of Birth, (Street and Number) *Carlis Kensington*

5. Full Name of Mother, *Eldersbach*

6. Mother's Maiden Name, *78 Market Street*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Louis Kensington*

9. Father's Occupation, *Restaurateur*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. R. K. K.*

Address, *118 N. E. St.*

Remarks,

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the father, or of the mother, if she be unmarried, to cause a certificate of birth to be made, and to file the same within the period also specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

February 9

4. Place of Birth, (Street and Number)

rus Bell St 10

5. Full Name of Mother,

Agnes Lervey

6. Mother's Maiden Name,

Batison

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Charles Lervey

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

J Wilson

Address,

Howard St 84

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *February 9th 1884*

4. Place of Birth, (Street and Number) *9 Rose St*

5. Full Name of Mother, *Mary Weaver*

6. Mother's Maiden Name, *Jackson*

7. Mother's Birthplace, *Richmond Co., Ga.*

8. Full Name of Father, *John Roland Weaver*

9. Father's Occupation, *Chair Maker*

10. Father's Birthplace, *Landchester Co., Va.*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

691180



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.) *Second*
 1. Sex (~~state whether~~ Male or ~~Female~~) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *9th Feb. 1884* at *11 o'clock a.m.*
 4. Place of Birth (Street and Number) *302 Preston Street*
 5. Full Name of Mother *Louisa Dorman*
 6. Mother's Maiden Name *" McKelley*
 7. Mother's Birthplace *Virginia*
 8. Full Name of Father *Thomas Dorman*
 9. Father's Occupation *Painter*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *G. C. Richardson 'M.D.'*
 Address *169 North Mount Street*
 Remarks *A fine boy*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

69481
BIRTH NAME ADDED 9-9-53
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Sultan
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 9th 1884

4. Place of Birth, (Street and Number)

253 Pratt St 253 Hanover St

5. Full Name of Mother,

Lina Sultan

6. Mother's Maiden Name,

" Bitzwas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Sultan

9. Father's Occupation,

Fresco Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Knop

Address, ...

253 Pratt St Baltimore

Remarks,

691152

1, Baltimore C

- between the first and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be at all in attendance upon the mother, immediately thereafter it shall then become the duty of the mother or parent of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties hereinafter provided, for the reporting of children, and if any person or persons shall hereafter fail to comply with the provisions of this act, each offence, to be recovered as other fines and penalties are recoverable.

birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, or of a nurse, or of a midwife, or of any other person, who shall be in attendance upon the mother, immediately thereafter, it shall be the duty of the physician, or of the practitioner of medicine, or of the nurse, or of the midwife, or of any other person, who shall be in attendance upon the mother, immediately thereafter, to report the birth of the child to the Board of Health, in the manner and within the period of time prescribed by the Board of Health, and any person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d Child*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *February 10th 1884.*
4. Place of Birth, (Street and Number) *153 E. City. St.*
5. Full Name of Mother, *Anne Congnet. 153 E. City. St.*
6. Mother's Maiden Name, " " *Mrs. Anne Congnet.*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Anne Congnet. Baltimore*
9. Father's Occupation, *Furniture Wagon.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Anne Lindner*
- Address, *No 45 S. Monmouth St.*
- Remarks,



19485-

3

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...GATANG...
...

Feb 11 1894

4. 272 6. 2. 1871

1870

1900

1907

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14. 11. 1952

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[Handwritten signature]



79486
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

State whether Male or Female)

or Color (if not of the white race)

of Birth

of Birth (Street and Number)

Name of Mother

's Maiden Name

's Birthplace

Name of Father

's Occupation

's Birthplace

of Medical Attendant, or other Person who makes this Return.

marks

Second
Female
White.

February 10th 1884.

147 Park Street

Francis Bauman.

Francis Spittle.

Managers Va.

George Bauman.

Labourer.

Washington, D.C.

Lucy Upham

150 S. Eutaw Street

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return _____
- Address, _____
- Remarks, _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

GIVEN NAME ADDED 1-31-87
RETURN OF A BIRTH.

69488

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Isabelle Collyer Bond

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

10 1884

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

color

3. Date of Birth

Bond Feb 10 1884

4. Place of Birth (Street and Number)

no 25 Hillen St

5. Full Name of Mother

Julia A. Collyer

6. Mother's Maiden Name

Jefferson of Va

7. Mother's Birthplace

8. Full Name of Father

Job R Collyer

9. Father's Occupation

Carpenter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Wm. Turkey Tomlin

Address

no 21 Chestnut St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of this parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 10th 1884

4. Place of Birth, (Street and Number)

48 Green Mount Ave.,

5. Full Name of Mother,

Kate Gerstinger

6. Mother's Maiden Name,

Gebhardt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Gerstinger

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who
makes this Return.

D. W. Catell M.D.

Address,

2 N Broadway

Remarks,

RETURN OF A BIRTH, 69490

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 10th 1884

4. Place of Birth, (Street and Number)

316 E Fayette St

5. Full Name of Mother

Lily Hellen

6. Mother's Maiden Name

Bingon

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John F Hellen

9. Father's Occupation

Wholesale Notions

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. W. Cantwell

Address

Remarks

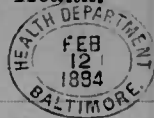
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *Feb 10th*
4. Place of Birth (Street and Number) *H 3 Dappa Court bet Leadenhall & Lombard*
5. Full Name of Mother *Maggie Brooker*
6. Mother's Maiden Name *Maggie Young*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Charles Brooker*
9. Father's Occupation *Porter*
10. Father's Birthplace *Mass. Mary Ann*
- Name of Medical Attendant, or other Person who makes this Return. *Elvira Harris*
- Address *# 16 Vine St*
- Remarks *A fine child weighs 11 lbs. The first one year! Very healthy, little soft part back of the head*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall then become the duty of the parent or parents of such child to report its birth to the Board of Health within the period already prescribed, except in the case of the births and deaths of illegitimate children, and in such cases the parent or parents shall be subject to the provisions of the section shall be subject to a fine of ten dollars, and such offence, in its recurrence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th Child*



1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th of February 1884*

4. Place of Birth, (Street and Number) *523 Bisquit Street Bisquit St.*

5. Full Name of Mother, *Mary Delzenberger*

6. Mother's Maiden Name, *Mary Miller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Miller*

9. Father's Occupation, *Schoolmaster*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kandel*

Address, *71 North Chapel St per Gustina Kandel*

Remarks, *Healthy*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 10

4. Place of Birth (Street and Number)

165 N. Eden St

5. Full Name of Mother

Anna

6. Mother's Maiden Name

Burgess

7. Mother's Birthplace

Germany

8. Full Name of Father

August Mueller

9. Father's Occupation

Watchmaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. S. Pein, M.D.

Address

195 N. Eden St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

2. 10. 87

4. Place of Birth (Street and Number)

149 Disputant St.

5. Full Name of Mother

Mary Ann Eli Bass

6. Mother's Maiden Name

Ed

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Robt P. Bass

9. Father's Occupation

Manufact. Shirts

10. Father's Birthplace

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Wm. Eastman

Address

319 Lech

Remarks

Forceps

any name shall have been conferred, his sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health, and in case the practitioner shall neglect to do so, he shall be liable to a fine of ten dollars for each offense, and shall then become the duty of the parent or other person having attendance upon the mother, immediately thereafter, to file in the manner, and within the period already provided, except in the case of sudden death, a statement of the birth, in the manner, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Oct. 1st 1895

4. Place of Birth, (Street and Number) 741 Harrison St.

5. Full Name of Mother, Theodora Haysburg

6. Mother's Maiden Name, Leffman

7. Mother's Birthplace, Poland

8. Full Name of Father, Max Haysburg

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. R. L. R. R.

Address, 43 North St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Home of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. S. x, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Feb 10th 1884*
4. Place of Birth, (Street and Number) *36 Conway St Balto*
5. Full Name of Mother, *Virginia Reed*
6. Mother's Maiden Name, *Virginia Armstrong*
7. Mother's Birthplace, *Dent Co Del*
8. Full Name of Father, *William H. Reed*
9. Father's Occupation, *Boarding House Prop.*
10. Father's Birthplace, *Talbot Co Md*
- Name of Medical Attendant, or other Person who make this Return *Laral Wilson*
- Address. *252 Hues St Balto Md*
- Remarks. _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *First female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *February 10th 1884*
4. Place of Birth, (Street and Number) *192 Pearl Street*
5. Full Name of Mother, *Charlotte Vogel*
6. Mother's Maiden Name, *Charlotte Pickel*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *Bernhard Vogel*
9. Father's Occupation, *Cigar Manufacturer*
10. Father's Birthplace, *Schoenfeld Saxony, German Empire*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Maennel*
- Address, *S. E. Corner Saratoga & Arch Sts.*
- Remarks, *wait for our next*

of the parents, and the maiden name of the mother of such child or children."

69498

[illegible]

1 first

c. Male

Colored

February 1st

St Mary St. No 16

George H. H. H. H.

Georgina Robert.

Franktown Northampton Co Va

John Albert Mohr

waiter

New Market Frederick, co Maryland

Prime Power

Good for sheet

Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, who is duly qualified to attend in the manner, and within the period above prescribed, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 birth*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth. *1 Februar*

4. Place of Birth, (Street and Number) *W. G. St. No. 120*

5. Full Name of Mother, *Kathi Friedel*

6. Mother's Maiden Name, *Gedang*

7. Mother's Birthplace, *Saeringen Paderborn*

8. Full Name of Father, *Konrad Friedel*

9. Father's Occupation, *Beireit Baier*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. M. M.*

Address, *S. M. G. St. No. 288*

Remarks,

10569

[illegible]

Remarks,

er other Person who
makes this Return

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the parent or parents of such child shall be liable to a fine of ten dollars, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable. It shall then become the duty of the parent or parents of such child to return in writing to the Board of Health, within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 7-19-57 69,007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Rose *Miller*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *February 4, 1884*
4. Place of Birth, (Street and Number) *211 S. Washington St.*
5. Full Name of Mother, *Louise Rose Miller*
6. Mother's Maiden Name, *Shaw*
7. Mother's Birthplace, *Wile*
8. Full Name of Father, *Andrew Miller*
9. Father's Occupation, *Marriage*
10. Father's Birthplace, *Wile*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Elizabeth B. B. B.*
- Address, *100 Brook St.*
- Remarks,

69505

HEALTH DEPARTMENT
MAR 3 1942
884
BALTIMORE

[illegible]Remarks, *See above*

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of a child should occur during the absence of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and in case such parents or parent shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 2nd 1884

4. Place of Birth, (Street and Number) 1258 Parkers Ave.

5. Full Name of Mother, Elizabeth Frank

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Justin Frank

9. Father's Occupation, Unknown

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return Dr. S. Elizabeth B. B. B.

Address, 201 B. B. B. B.

Remarks,

place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, the mother, immediately after birth, shall then become and be deemed the person who shall be responsible for the birth of the child, and shall be liable to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

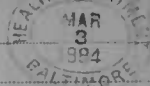
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,



69, 80

[illegible]

-

N. C. L. ...

11 Dec 1944

5th day of February.

Aug 1st. Bird Hill 1.

Clara.....

Clara. Humphreys

Baltimore City

George Beckler.

Edgar Mark

Baltimore City

or other Person who
makes this Return

Mr. Münch

St. i. Baden Hall. 18



any person shall be liable to a fine of not more than \$500, or to imprisonment for not more than six months, or to both such fine and imprisonment, for failing to comply with the provisions of this section. The provisions of this section shall be subject to a fine of not more than \$500, or to imprisonment for not more than six months, or to both such fine and imprisonment, for failing to comply with the provisions of this section. The provisions of this section shall be subject to a fine of not more than \$500, or to imprisonment for not more than six months, or to both such fine and imprisonment, for failing to comply with the provisions of this section.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *February 5th 1884*

4. Place of Birth, (Street and Number) *183 West St Balto Md*

5. Full Name of Mother, *Sallie E Coats*

6. Mother's Maiden Name, *" " Perry*

7. Mother's Birthplace, *Wilmington D C*

8. Full Name of Father, *Geo W Coats*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Richmond Va*

Name of Medical Attendant, or other Person who makes this Return *Dr Wm Wm*

Address, *1300 N. 1st St*

Remarks,

Birth of every child shall, unless without the attendance of a physician, or of a person qualified to attend on a midwife, be reported to the Registrar of Vital Statistics, within the period above specified, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of an offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *5th of Feb. 1884*
4. Place of Birth, (Street and Number) *Baltimore Apt. 256 Montgomery St.*
5. Full Name of Mother, *Katharina Margarethe Meyer Gastels*
6. Mother's Maiden Name, *Katharina Margarethe Meyer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Carl Anton Heinrich Gastels*
9. Father's Occupation, *Cabinet Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. W. M. M. M.*
- Address, *1 South Carroll St. R.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Febr. 6th 1884*

4. Place of Birth, (Street and Number) *28 Pondney Street*

5. Full Name of Mother, *Berhardine Rose*

6. Mother's Maiden Name, *Kopf*

7. Mother's Birthplace, *Borsenbrück Hannover*

8. Full Name of Father, *Joseph Rose*

9. Father's Occupation, *Sawyer*

10. Father's Birthplace, *Laus. Hannover*

Name of Medical Attendant, or other Person who makes this Return

Address, *Birds Minding*

Remarks, *1 Sacrausall H*



place of the birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and second day after the birth of the child, to the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, the said certificate shall be signed by the midwife, or by any other person present at the birth, and shall be delivered to the Registrar of Vital Statistics, Baltimore City, within the period above specified. Any person who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

In case the birth of a child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons who shall be present at the birth of such child, to report the same to the nearest health officer, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Feb. 6. 84.

4. Place of Birth, (Street and Number) W. Volpert, No. 10

5. Full Name of Mother, Maria Stephenson

6. Mother's Maiden Name, Winkler

7. Mother's Birthplace, Balt.

8. Full Name of Father, Philip Stephenson

9. Father's Occupation, German

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. C. Gifford, M.D.

Address, 117 N. Holliday St.

Remarks, _____

place of its birth, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the person be in attendance upon the mother immediately thereafter, it shall then become the duty of the person so attending to the mother, to cause the birth of the child to be registered in the manner and within the period above prescribed, and shall be subject to a fine of ten dollars for each offence to be registered as other forms and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or ~~female~~) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Nov. 16, 84.
4. Place of Birth, (Street and Number) St. Charles St. 26
5. Full Name of Mother, Elizabeth Margaretha
6. Mother's Maiden Name, Prinze
7. Mother's Birthplace, Hannover
8. Full Name of Father, Hermann Margaretha
9. Father's Occupation, Farmer
10. Father's Birthplace, Germany

Name of Medical Attendant, _____ or other Person who makes this Return

Address, _____

Remarks, _____

certificates, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person so attending should be sworn to by the parent or persons of such child to report its birth to the Board of Health, in the cases of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *7 February*

4. Place of Birth, (Street and Number) *296 E. Eager Street*

5. Full Name of Mother, *Mary Schrencher*

6. Mother's Maiden Name, *Rose Karsen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Schrencher*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bairn Brandenburg*

Name of Medical Attendant, or other Person who makes this Return *Emma Walter*

Address, *296 E. Eager Street*

Remarks, *7*

RECEIVED
MAR 3 1894
BALTIMORE

69576

[illegible]

HEALTH DEPT
MAR 3 1941
BIRMINGHAM

- * CO., CITY/PRINTERS AND STATIONERS.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th of Feb 1887*
4. Place of Birth (Street and Number) *311 S. Charles St.*
5. Full Name of Mother *Bertha Webb*
6. Mother's Maiden Name *Bertha Kessler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William Webb*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Carkey*
- Address *134 Hamburg St.*
- Remarks *doing well*

67578

[illegible]

64-

Pl. for. 9. 84.

Sept 15th 1888

2/12/25 H. C. L. L.

27. 11. 1911

Page 14

Hand Parkhurst

Very respectfully

13. 11. 11

or other Person who
makes this Return

Mr. J. B. ...

O. J. G. 11/1

.....

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a birth, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the nearest health officer, and may be fined for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To' the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth Child,

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

February 10th 1884.

4. Place of Birth, (Street and Number)

Calhoun, No. 157.

5. Full Name of Mother,

Emma Lewis Jones.

6. Mother's Maiden Name,

" " Browning.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Samuel Jones.

9. Father's Occupation,

Painter.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

H. L. Lewis, M.D.

Address,

No. 125 Arlington, Va.

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



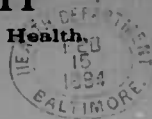
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 (1st)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth 10th Feb
4. Place of Birth, (Street and Number) 422 Fulton Ave
5. Full Name of Mother Sarah E. Daugherty
6. Mother's Maiden Name Prinx
7. Mother's Birthplace Baltimore
8. Full Name of Father William H. Daugherty
9. Father's Occupation Watchman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll
- Address 117 Patterson Ave
- Remarks _____

There is no charge for this return, and it is to be filed in the office of the Registrar of Vital Statistics, within six days of the birth of the child, and the name of the child, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of the child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 15th 1894

4. Place of Birth, (Street and Number)

St. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Lucilia Danner

7. Mother's Birthplace,

Mo.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Sciter of charity

Address,

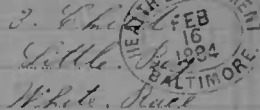
Remarks,

should no other person be in attendance when the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, above required, except in the cases of the birth and death of illegitimate children, and in such cases the parent or parents of such child shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Child.
Little.
White. Race

2. Race or Color, (if not of the white race)

3. Date of Birth,

10. February 1884

4. Place of Birth, (Street and Number)

Born in Baltimore Lombard St 119

5. Full Name of Mother,

Mrs. Harikardt

6. Mother's Maiden Name,

Miss Bara. Alachach

7. Mother's Birthplace,

Born in Vertenberg. Germany

8. Full Name of Father,

Mr. Harikardt

9. Father's Occupation,

in Knabe Piano Factory

10. Father's Birthplace,

Born Prisa Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Keller

Address,

1017 West Pratt St city

Remarks,

RETURN OF A BIRTH 69521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, February 2, 1884

5. Place of Birth, (Street and Number) 26 Etting Street

6. Full Name of Mother, Mary Jones

7. Mother's Maiden Name, Stinchcomb

8. Mother's Birthplace, Balt City

9. Full Name of Father, William Jones

10. Father's Occupation, Tailor

11. Father's Birthplace, Frederick Maryland

Name of Medical Attendant, or other Person who makes this Return

Address, Harbory Brewster
8 McCulloch Street

Remarks.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address.

Remarks.

Female

White

Feb. 6. 1884

177 Linden Avenue

Isoline Hanna

Shoch

Kentucky

Charles Hanna

Auditor of Custom House

Baltimore City

Marbury Thewen M.D.

68 W. Calhoun Street



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at witness upon the mother, immediately thereafter, it shall then become the duty of the parent or persons in such child to report its birth to the Board of Health, in the manner and within the time herein provided, and shall forfeit for each child so born, the sum of ten dollars, which shall be subject to a fine of ten dollars, which offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 7/94

4. Place of Birth, (Street and Number)

61 Baus St

5. Full Name of Mother,

Lisebeth Heidrick

6. Mother's Maiden Name,

Wachter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Heidrick

9. Father's Occupation,

Pianomaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

between the first and third day of each and every month to the Board of Health, in case the birth of a child shall occur during the absence of the mother, the father, or other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother to report the birth of the child to the Board of Health, in the manner, and within the period above prescribed, and to cause the necessary record to be made of the birth of the child, and to pay the fee therefor, and in case of failure to comply with the provisions of this act, the parent or person in attendance upon the mother shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 7th

4. Place of Birth, (Street and Number)

20 Columbia Ave.

5. Full Name of Mother,

Johanna Rosina Schier

6. Mother's Maiden Name,

Johanna Rosina Schier

7. Mother's Birthplace,

Birthplace, Baltimore

8. Full Name of Father,

Melchior Schier

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this return

Mrs. Sebach

Address,

432 N. Pratt St

Remarks,

Balt. Md

certificate, between the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur during the absence of the mother, and in case the mother shall be absent for a longer period than three months, the mother shall file a statement of the birth of the child, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 7/84

4. Place of Birth, (Street and Number)

163 Madison Ave.

5. Full Name of Mother,

Lisebeth Hein

6. Mother's Maiden Name,

Braun

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam Hein

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Gust Craft

Address,

236 E. Camden Ave

Remarks,



6957

HEALTH DEPARTMENT
FEB 18 1884
BALTIMORE.

200

- the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified in that behalf, and the mother or person so attending shall be liable to a fine of ten dollars, and shall be imprisoned for a term not exceeding thirty days, unless she shall have good cause shown to the satisfaction of the court to the contrary. And if any person so attending shall be guilty of the wilful neglect or omission to attend to the mother or child, or shall be guilty of any act of violence to the mother or child, or shall be guilty of any act of fraud or deception in the performance of his duty, he shall be liable to a fine of ten dollars, and shall be imprisoned for a term not exceeding thirty days, unless he shall have good cause shown to the satisfaction of the court to the contrary. And if any person so attending shall be guilty of any act of fraud or deception in the performance of his duty, he shall be liable to a fine of ten dollars, and shall be imprisoned for a term not exceeding thirty days, unless he shall have good cause shown to the satisfaction of the court to the contrary.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

69532

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 10th 1884

4. Place of Birth, (Street and Number)

No 10 Wyeth St

5. Full Name of Mother.

Mary E Goodrich

6. Mother's Maiden Name,

M E Knight

7. Mother's Birthplace,

Balto Ma

8. Full Name of Father,

James I Goodrich

9. Father's Occupation,

Stevenson

● Father's Birthplace.

Balto Ma

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D.

Address,

136 Columbia Ave

Remarks,



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

69583

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4
Male
white
10 February 84
37 Willow St
Hanna Gooney
Hanna Harvey
Ireland
Thomas Gooney
Drayman
Ireland
Mrs Mary Ward
No 4 Webster's Alley

In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child the parent or persons of such child to report its birth to the Board of Health, in the case of the births and deaths of illegitimate children, and any person or persons who shall be guilty of any violation of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *February 1/84*

4. Place of Birth, (Street and Number) *222 Durham Str*

5. Full Name of Mother, *Mary Fay*

6. Mother's Maiden Name, *Beck*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Fay*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Emily Craft*

Address, *236 Clanton Ave*

Remarks.

thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4th Feb 1884*
4. Place of Birth (Street and Number) *50 Green St*
5. Full Name of Mother *Rachel Ann Reynolds*
6. Mother's Maiden Name *Rachel Ann Taylor*
7. Mother's Birthplace *Wash D.C.*
8. Full Name of Father *Moses Reynolds*
9. Father's Occupation *Wheeler Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Perkins*
- Address *134 Burnside St*
- Remarks *born well*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) ..

3. *Date of Birth*, ...

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Birth certificate is given the first and third day of each and every month to the Board of Health. In case the physician, or of a practitioner of midwifery, or of a person who has attended the birth of a child, shall neglect to give a birth certificate, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health. In case the parent or person who has attended the birth of a child, shall neglect to give a birth certificate, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health. In case the parent or person who has attended the birth of a child, shall neglect to give a birth certificate, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 11/84

4. Place of Birth, (Street and Number)

215 Gough Str

5. Full Name of Mother,

Emilie Corvy

6. Mother's Maiden Name,

Seifield

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Corvy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Pratt

Address,

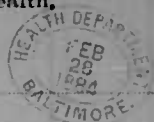
236 Canton St

Remarks,

RETURN OF A BIRTH

69539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return _____

Address _____

Remarks _____

69541

GIVEN NAME ADDED 8-13-56

Name: Benjamin Kaufman
of Child of Mother. (State whether 1st, 2d, 3d, &c.) 1st



1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, Law 11 90 100
4. Place of Birth, (Street and Number) Feb 21st 1884
5. Full Name of Mother, Elsie Kaufman
6. Mother's Maiden Name, " Cheham
7. Mother's Birthplace, Russia
8. Full Name of Father, Philip Kaufman
9. Father's Occupation, Pedler
10. Father's Birthplace, Armenian

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

[illegible]

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 11th 1884

4. Place of Birth (Street and Number)

12th Scott St

5. Full Name of Mother

Emma Turner

6. Mother's Maiden Name

Emma Maxwell

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Garret Turner

9. Father's Occupation

Salisman

10. Father's Birthplace

Charles County

Name of Medical Attendant, or other Person who makes this Return.

W. H. Phillips M.D.

Address

211 W. Lombard St

Remarks

Printed by City Printers and Stationers, Baltimore, Md. This form is to be filled out by the mother, or other person who makes this return, and is to be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

69513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

11th Feb 1884

4. Place of Birth, (Street and Number)

240 Saratoga St

5. Full Name of Mother,

Mary E. Witters

6. Mother's Maiden Name,

Mary E. Shilling

7. Mother's Birthplace,

W. Va.

8. Full Name of Father,

Wm W. Witters

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Batavia, N.Y.

Name of Medical Attendant, or other Person who makes this Return

Wm Jackson Evans M.D.

Address,

1175 Saratoga St

Remarks,

Premature Birth

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

69544

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Female

2. Race ~~on Color~~ (if not of the white race)

3. Date of Birth

February 11th

4. Place of Birth (Street and Number)

67 E Madison st.

5. Full Name of Mother

Violet Chief

6. Mother's Maiden Name

" Thomson.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

W. J. Chief

9. Father's Occupation

Wood-turner.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Frederick Miller

Address

179 E. M. Avenue

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



State in this column, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Feb 11th 84*
4. Place of Birth, (Street and Number) *356 Tucker St.*
5. Full Name of Mother, *Charlotte C. Benedict*
6. Mother's Maiden Name, *Charlotte C. Stedman*
7. Mother's Birthplace, *England*
8. Full Name of Father, *Henry Benedict*
9. Father's Occupation, *Painter*
- Father's Birthplace, *England*
- Name of Medical Attendant, *J. Miller M.D.*
or other Person who makes this Return
- Address, *188 Franklin St.*
- Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

February 11th.

4. Place of Birth (Street and Number)

67 E Madison st.

5. Full Name of Mother

Violet Chief

6. Mother's Maiden Name

" Thompson.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

W. J. Chief

9. Father's Occupation

Wood-turner.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Thomson

Address

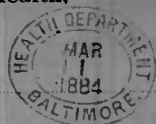
179 E. M. Street

Remarks

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 11th 84

4. Place of Birth. (Street and Number)

356 Stricker St.

5. Full Name of Mother

Charlotte C. Benedict

6. Mother's Maiden Name,

Charlotte C. Steadman

7. Mother's Birthplace,

England

8. Full Name of Father,

Henry Benedict

9. Father's Occupation,

Painter

Father's Birthplace,

England

Name of Medical Attendant,

or other Person who
makes this Return

J. Miller M.D.

Address,

188 Franklin St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second -
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

February 11th 1884

5. Place of Birth, (Street and Number)

7 High Hill

6. Full Name of Mother,

Mary E Seitz

7. Mother's Maiden Name,

Mary E Turner

8. Mother's Birthplace,

Baltimore Md

9. Full Name of Father,

Henry Seitz

10. Father's Occupation,

Shoe Maker

11. Father's Birthplace,

Balto Md

Name of Medical Attendant,

or other Person who
makes this Return

Samuel J. Powell Md

Address,

29 Asquith St

Remarks,

Missing
69547

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11 February*

4. Place of Birth, (Street and Number) *228 Ann Street* *Germany*

5. Full Name of Mother, *Katarzyna Lorek*

6. Mother's Maiden Name, *Danowitz*

7. Mother's Birthplace, *Niebel*

8. Full Name of Father, *Karel Danowitz*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Marie Githner*
or other Person who makes this Return *J. Wulff*

Address, *St. 245*

Remarks,

In case the child is born in the city of Baltimore, the birth shall be registered by the Health Department, and the birth certificate shall be issued by the Registrar of Vital Statistics. In case the child is born in the city of Baltimore, the birth shall be registered by the Health Department, and the birth certificate shall be issued by the Registrar of Vital Statistics. In case the child is born in the city of Baltimore, the birth shall be registered by the Health Department, and the birth certificate shall be issued by the Registrar of Vital Statistics.

Missing

69549

6955A

[illegible]

Fennel

Frank

109 Linn. 21. 21.

112/ Sub. 81.

Dora L. Micknick

Schill. —

Poland - Russia

James M. McKee

P. A. Cunningham

Polina Russian

Mr. R. L. L. L.

118 H. S. [Signature]

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the facts which have occurred under his or her care and supervision, and shall be filled up by the midwife or other person who has attended the birth, and any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, who, in case the said certificate is not delivered, shall cause the same to be taken from the practitioner, and the said practitioner should not thereafter be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of stillbirths and deaths of illegitimate children, and in such cases the said parent or persons shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are so recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health, within the month, and shall set forth, as far as the same can be ascertained, the full name of each child, its sex, color, the date of its birth, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the person or persons who shall hereafter fall to comply with the provisions of this section, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons in attendance upon the mother to report to the Commissioner of Health, in the manner and to the effect herein provided, the name of the child, its sex, color, the day and place of its birth, and the name of any person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

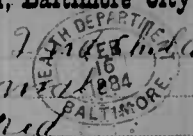
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



69,152
 General
 colored
 February 11th
 no 84 Dover St
 Rosey Wilson
 Rosey Jones
 harpers, Kerris
 William Wilson
 water
 enaplas md
 Mrs Lydia Potter
 no 4 papstco avenue
 healthy child

6442

[illegible]

12

200

1955

2111 114 114

237 Hanger V

Emma Holcomb

1990

[Faint handwritten notes]

Harry Highland

100

Maynard

or other Person who
makes this Return

May Book

2328 *S. Fendleri* 11

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Walter M. Gess*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 11, 1884*
4. Place of Birth, (Street and Number) *122 Proctor st*
5. Full Name of Mother, *Emma E. Gess*
6. Mother's Maiden Name, *Woodsfield*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Richard H. Gess*
9. Father's Occupation, _____
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Chas. Williams*
- Address *201 Madison Ave*
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

69.57

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8th

Female

White

Feb'y 11th 1884

S. Charles St

Emma J. Mitchell

Sullivan

Wd

Jas. B. Mitchell

Merchant

Wd

N. C. Lee

Hanover & Barr

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67558

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 11th*
4. Place of Birth (Street and Number) *Baltimore Hatcoat St 22*
5. Full Name of Mother *Albena Hoffman*
6. Mother's Maiden Name *Albena Coons*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Josiah Hoffman*
9. Father's Occupation *Brick Layer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs G. W. Bush*
- Address *409 N. Sticker Street*
- Remarks *Healthy*

RTH
 h, Baltimore City.
 1894
 BALTIMORE

1894
BALTIMORE

Fifth
Male

Male

Feb 11 - 1884

Chester St. & Sons of Monument -

Paula A. Lewis

Julia A. Folger

Maryland

John E. Lewis

Letter

Baltimore

Mary et Alwell

JOHN B. HUNT & CO., 1711 PRINCE ST. AND STATIONERS.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct list of all births occurring in the City of Baltimore, and shall cause the same to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which occur in the City of Baltimore during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and month of its birth, the day and month of its death, the name of the practitioner of midwifery, or the name of any other person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

11th Feb 1884

4. Place of Birth, (Street and Number)

425 Lewis St

5. Full Name of Mother,

Mary Senel

6. Mother's Maiden Name,

Mary Wilson

7. Mother's Birthplace,

Baltimore City and

8. Full Name of Father,

Thomas Senel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City and

Name of Medical Attendant, or other Person who makes this Return

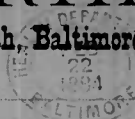
Harriett Backson

Address,

5 Forrest St

Remarks,

Baltimore City



"That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

69562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex. (state whether male or female)

Female

2. Race or Color. (if not of the white race)

White

3. Date of Birth,

February 12th 1884

4. Place of Birth, (Street and Number)

9 Palapasco street center

5. Full Name of Mother.

Alice Smoot

6. Mother's Maiden Name.

Alice Gullens

7. Mother's Birthplace,

Baltimore county

8. Full Name of Father,

Louise H. Smoot

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Howard county

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Curleys street

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall be required to file, with the Registrar of Health, a return of such birth, as herein provided, to be retained by him as a permanent record of the same. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any male child have been conferred; the sex, color, the full name and occupation of the parent or parents, and any other facts which may be ascertained, and shall be filed with the Registrar of Health, on or before the first day of the month, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the Registrar of Health, to cause a return of such birth to be made, and to be filed with the Board of Health, within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 February

4. Place of Birth, (Street and Number)

Back St. No. 148

5. Full Name of Mother,

Linda Meyer

6. Mother's Maiden Name,

John

7. Mother's Birthplace,

Purenberg - Prussia

8. Full Name of Father,

John Meyer

9. Father's Occupation,

Shumacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

David Meyer

Address,

Lincoln St. No. 148

Remarks,

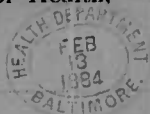


Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

91

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Feb 12 1884

4. Place of Birth, (Street and Number)

134 Harlem Ave.

5. Full Name of Mother,

Clara Naylor

6. Mother's Maiden Name,

Paine

7. Mother's Birthplace,

Balto

8. Full Name of Father,

S.D. Naylor

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Richard McSherry M.D.

Address,

189 W H Ward Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

69565

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 12 1884*
4. Place of Birth, (Street and Number) *291 Druid Hill Ave*
5. Full Name of Mother, *Marick McDougall*
6. Mother's Maiden Name, *Collins*
7. Mother's Birthplace, *City*
8. Full Name of Father, *James McDougall Jr*
9. Father's Occupation, *Lumber Merchant*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *A Tinsley MD*
- Address, *386 Druid Hill Ave*
- Remarks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: Elma Summa Edmonston

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex (state whether ~~Male~~ or Female).

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 12th 1884

4. Place of Birth (Street and Number)

No. 57 Edmondson Ave.

5. Full Name of Mother

Mary E. Edmonston

6. Mother's Maiden Name

Streets

7. Mother's Birthplace

Baltimore - Maryland

8. Full Name of Father

Frank O. Edmonston

9. Father's Occupation

Salesman

10. Father's Birthplace

Montgomery County - Md.

Name of Medical Attendant,

or other Person who makes this Return.

Widely Hammond M.D.

Address

No. 148 N. Carey St.

Remarks

Child normal, and Healthy

secretions &c.—And he to further enliven and exhilarate That evergreen producing midwifery in the Chlo-
of ballance, under whose energy or superintendence a birth shall therefore take place, shall keep a true and
manner of Birth. This is to be done in a birth, as the same can be ascribed to be furnished by the Tenu-
the mouth, and shall set forth, as far as the same can be accomplished, the full name of each child at
the place of the birth, and the said medicine shall be delivered every month to the Board of Health, in the case
is sufficient, is given the first and third day of each month to a physician, or of a practitioner of midwifery, for
should neither parents be as yet settled, nor the child be named, the physician or practitioner of midwifery, for
of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period allowed, except in the cases of the births and deaths of illegitimate children, and
a fine of ten shillings for each offence, to be recovered as other fines and penalties are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks, *Ch*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

11/16

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

69568
FEB 19 1884

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

Collard
februry 12 1884
Louis St No 17
Sarah Washington
Lancaster Co Va
George Washington
Driver
Lancaster Co Va
Darkey Tomlin
Chesnut St

No 24

67569

1004
- 1107

2nd

Female

White

Feb. 12th 1885

Baltimore Pratt & C^o

~~Esther~~ Wiseman

Smith

Baltimore

William Wiseman

Black. - Smith

Baltimore

or other Person who
makes this Return

Mrs. C. Mitchell

14^c 5-8 Parkin.

CONTRIBUTORS TO THE ART OF BANKING.

[illegible]

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name of the birth, the sex, color, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and a record of the day of each and every month, to the first of January, in each year, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to make a true and correct record of the birth, and to enter the same in the book or record above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 15 1880*

4. Place of Birth, (Street and Number) *412 Baltimore St*

5. Full Name of Mother, *Leontine X. Harrison*

6. Mother's Maiden Name, *Wheeler*

7. Mother's Birthplace, *Holston, Maryland*

8. Full Name of Father, *William Harrison*

9. Father's Occupation, *Fire waker*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *Mary H. L.*

Address, *538 E. Euterpe St*

Remarks,

SECTION 6.—And he further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of all the births which shall occur under his charge, and shall cause to be furnished by the Commissioner of Health, a schedule to be filled up by him, containing a list of the births which shall occur during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred; its sex, color, the full name and occupation of its parent, the day and month of its birth, the place of its birth, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Commissioner of Health, of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner, or of the person in attendance, to cause a record of each birth, in the manner, and within the period above required, except in the cases of the birth and death of the child, and of the death of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mathew James Jefferson
No. of Child of *Mathew James Jefferson* (state whether 1st, 2^d, 3^d, &c.) *4th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of February 1884*
4. Place of Birth, (Street and Number) *Baltimore 207 Chesapeake St.*
5. Full Name of Mother, *Nellie Jefferson*
6. Mother's Maiden Name, *Nellie Clark*
7. Mother's Birthplace, *Gardden Maine*
8. Full Name of Father, *William A. Jefferson*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mylie*

Address, *12 Patterson Park Ave*

Remarks, *GIVEN NAME ADDED. 5-14-89*



69572

Second Male

Male

12-1884

Feb 12 - 1884

No 298 Mc Donogh St-

Mary Anna Fitch

Mary Anna Potter Potter

Washington

Washington
James T. Fitch

Plumbar

Maryland

Chambers & Allwell

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

GIVEN NAME ADDED 12-7-49

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: William H. Maxwell

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth February the 13
4. Place of Birth, (Street and Number) No 7, Rand Co. St.
5. Full Name of Mother Cathern Maxwell
6. Mother's Maiden Name Cathern Corowling
7. Mother's Birthplace Baltimore City
8. Full Name of Father William H. Maxwell
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Elizabeth Tomabson
- Address No 10 Barney St.
- Remarks mother and child do well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

69574

To the Office of Registrar of Vital Statistics, Board of Health,



BALTIMORE CITY.

name of child: John Neal Hodges

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 28th 1884

4. Place of Birth, (Street and Number)

No. 291 81-Paine Street

5. Full Name of Mother

Eleanor Sherwood Hodges

6. Mother's Maiden Name

Eleanor Neal Sherwood

7. Mother's Birthplace

Portland - Maine

8. Full Name of Father

Robert Hodges

9. Father's Occupation

Merchant

10. Father's Birthplace

Eastern Shore - Maryland

Name of Medical Attendant, or other person who makes this return.

H. P. O. Milborne

Address

146 Park Avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

69176
HEALTH
14
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d and 3^d

1. Sex, (state whether male or female)

Both Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

February 13th 1884

4. Place of Birth, (Street and Number)

46 N. Front St.

5. Full Name of Mother,

Mamie E. Lotts.

6. Mother's Maiden Name,

Mamie E. Collins

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

W. J. D. Lotts.

9. Father's Occupation,

Police Officer.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Dr. F. Powell M.D.

Address,

237 Canton St.

Remarks, Twins - Both children healthy. wt - 6 1/2 + 7 lbs.

69578

h. Baltimore

Second

Male

White

Feb. 13. 1884.

128 M₄^c Henry St.

Olivia Fildes Russell

Abvriht

Ballo. Lis

Geo. A. Russell

~~W~~ Paper Hanger.

Washington D. C.

J. H. CHRISTIAN, M.
431 PINE AVE. TEL: 271200

Remarks.

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

69579



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st Child
Male
Feb 14 1884
167 S. Pine St
Anna M. Clark
Anna M. Hoffman
Maryland
John S. Clark
Teacher
Maryland

167 S. Pine St

Maternal & Child
Examination

SECTION 9.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred prior to his or her coming into the city, and a list of the births which have occurred since he or she came into the city, and shall be filled up by the midwife or other person who attended the birth, and shall be signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the practitioner, between the first and third day of each and every month, shall neglect to sign the schedule, or should no other person be in attendance upon the mother, immediately thereafter, about the first day of the month, the Board of Health, in the manner, and to the effect, hereinafter provided, shall have the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the effect, hereinafter provided, except in the cases of the birth and death of illegitimate children, and in the cases of the birth and death of children who are illegitimate, in which cases the duty of the parent or parents to report the birth and death of such children, to be reported as other births and families are reported.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 12th 1884*

4. Place of Birth, (Street and Number) *No 270 Fulton St*

5. Full Name of Mother, *Darlene Kapran*

6. Mother's Maiden Name, *B. Philinger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Kapran*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *C. Jung*

Address, *No 817 Lombard St*

Remarks, _____

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of the month following the month in which the birth shall have taken place. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall not forth, so far as the same can be ascertained, the full name of each child at any time shall have been conferred; its sex, color, the full name and occupation of its parents, the day and month in which the birth took place, the name of the physician or midwife attending, and in case the certificate, is given the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar of Vital Statistics to cause the birth to be recorded, and to issue a certificate therefor, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 822

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 15 1883

4. Place of Birth, (Street and Number) 424 N. Washington St.

5. Full Name of Mother, Mrs. Mary Smith

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, England

8. Full Name of Father, John Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Geo. R.

Address, 12 S. 1st St.

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Mr. White

1. Sex, (state whether male or female)

Frank

2. Race or Color, (if not of the white race)

Section 6

3. *Date of Birth.*

Feb 13 1894

4. *Place of Birth (Street and Number)*

W. Sullivan

5. *Full Name of Mother.*

Alfred Edwards

6. *Mother's Maiden Name.*

Chas. Brown

7. *Mother's Birthplace.*

An. Grand. 1.

S. Full Name of Father, _____

Larus argentatus

9. *Father's Occupation,*

Cluster

10. *Father's Birthplace:*

Amherst

Name of Medical Attendant, or other Person who makes this Return

Incursus No. 10

Address.

130 N. Knickerbocker St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

13

4. Place of Birth, (Street and Number)

Bethel St N 79

5. Full Name of Mother

Garry Parker

6. Mother's Maiden Name,

Garry Bradley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Taylor Bradley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Eusan Morgan

Address,

47 North Derham St.

Remarks,

6915 ✓

lth, Baltimore

2 d

Female

White

12th July 1884

Boundary Ave. near Madison Ave
No number.

Katie Henry

11 Hilburn

virginia

Joseph Henry

Imposter

Phala delphica

A. M. Woodpecker

Remarks.

Remarks.

SECTION 6.—And he it further enacted and ordained, That every person, including midwifery in the City of Baltimore, who shall deliver any child, shall take pains to keep a true and correct record of the birth of such child, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall be ready to use, either the full name and occupation of its parents, the day and place of its birth, and the mid-schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month. And every person, including a midwife, who shall deliver any child, shall immediately upon the mother, immediately thereafter, if shall then become the father of the child, or the parent of such child, to report its birth to the Board of Health in the City of Baltimore, and within the period above specified hereafter, fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence. To be recovered as other fines and penalties are now recoverable.

64556

h, Baltimore

Mary Ethel Brooks

- 1884
 BALTIMORE
 + 7.
 Female
 White
 Feb. 13th 1884
 Pratt St. N^o 420
 Brooks.
 Brooks.
 Layan
 ce

or other person who
makes this Return.

GIVEN NAME ADDRESS

Remarks.

[illegible]

SECTION 6.—And he is further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or their jurisdiction, and shall be filled up by the midwife or other person who has been conferred the duty of attending at the birth, and shall be delivered, in the form of a certificate, between the first and third day of each and every month, to the Board of Health, or midwifery, as the case may be, and shall be subject to the inspection of the Board of Health, and the duty of the parent or parents of such child to report the birth, in the manner, and within the period above required, except in the case of the birth of a still-born child, shall be subject to a fine of not less than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 13th 1884

4. Place of Birth. (Street and Number)

No. 4 Clarkson St.
Matthilda Heidrich

5. Full Name of Mother,

Dennig

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Louis Heidrich

9. Father's Occupation,

Worker by Day

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife
330 Thacker St.

Address,

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

69589

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13th 1884

4. Place of Birth, (Street and Number)

95 West Preston St
Lorrie Gillett

5. Full Name of Mother,

Simons

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

E. M. Gillett

8. Full Name of Father,

Mendel

9. Father's Occupation,

10. Father's Birthplace,

Biggin Brecken
135 N. Charles St

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



CITY HALL
BALTIMORE 2, MARYLAND

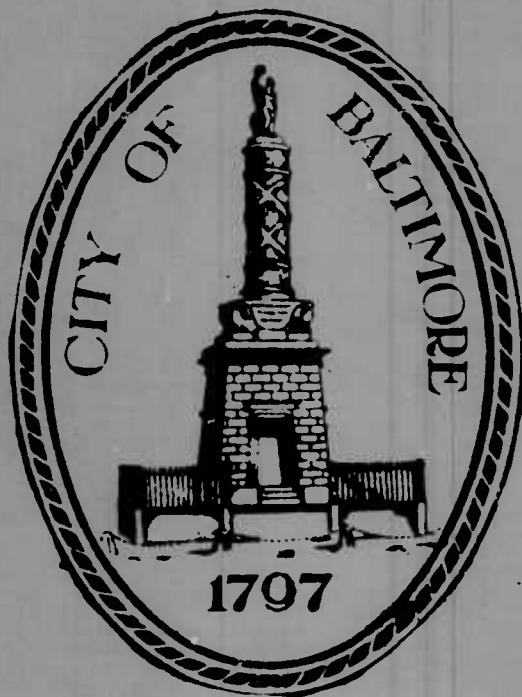
DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 15th DAY Nov.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #65818 AND
ENDING WITH #69589 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

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OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR D. McPaul



END OF REEL